# L22-000433093

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



300395844433

10/11/22--01012--003 \*\*25.00

022 OCT 11 PH12: 06

2022 OCT 11 AM 9:

## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

	WALKIN				
	P	ICK UP:	DANNY 10/11		
	CERTIFIED COPY			· · · · · · · · · · · · · · · · · · ·	
X	РНОТОСОРУ				
	CUS				
X	FILING	LLC A	AMEND		
	OUJEE BATH HOU ORPORATE NAME AND DO				
(C	ORPORATE NAME AND DO	OCUMENT #)			
(C	ORPORATE NAME AND DO	OCUMENT #)			
(C	ORPORATE NAME AND DO	OCUMENT #)			
(C	ORPORATE NAME AND DO	OCUMENT #)			
-(C	ORPORATE NAME AND DO	OCUMENT #)			
AL UCT	TIONS:				
	-				

### **COVER LETTER**

Division of	Corporations		
SUBJECT: BOUJE	E BATH HOUSE LLC	C Name of Limited Liability Company	
	Name of Li	mited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are su	aboutted for filing	
	spondence concerning this matte		
	DENISE MORRILL		
		Name of Person	<del></del>
	LIQUOR LICENSE PRO	DESSIONALS LLC	
		Firm Company	
	725 N MAGNOLIA AVI	i	
		Address	
	ORLANDO FL 32803		
		City/State and Zip Code	
	denisei@tiquorticenseprofe E-mail eddress:	essional com (to be used for future annual report notif	
For further information	n concerning this matter, please of		(caton)
DENISE MORRILL		386- 222-9668	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount.		
i S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Soo. 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	tss:	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT 11 AM 9: 25

BOUJEE BATH HOUSELLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/07/2022 and assigned Florida document number L22000433093 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BOUJEE BATH COTTAGE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of moduties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

if Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			L`Add
			L'Remove
			L:Add
			LRemove
			EChange
<del></del>		<del>\</del>	□Add
		\	
			[Change
			L'Add
			L'Change
			L`Add
			L'Remove
			L Change
	•		L_Add
			□ Remove
			L'Change

							<u>-</u> -	
<del></del>								
					-			···
			····		<del></del>			••••
**************************************				·····	~		<del></del>	
					<del>**</del>			_
			<del>_</del>					_
				<del></del> <u></u> -				
						-1년, (2)	2022	_
· · · · · · · · · · · · · · · · · · ·							-20-	_ ==
							읔	_ ==
						HAS	_	
		·				<u> </u>	3	- []
			<del></del>				_۾_	_
						L	P.P.	
					<del></del>			_
				·				
		- · · · · · · · ·						-
					— <del>—</del> —			_
effective date is listed. te: If the date inserte	r than the date of i the date must be specified in this block does i te on the Department	c and cannot be proporting annual control of the co		or more than 90 da filing requiremen	(optional) ys after filing its, this date	) Pursua Will no	ant to 60 ot be lis	5.020 ted as
	yed effective date, bu	t not an effective	time, at 12:01 a	m, on the earlier	of: (b) Th	ne 90th	day afte	er the
01	100	2/)7	フ					
ed ( Atah	~~ (,/_(_/	— <i>'9</i> U-C	<del></del> -					
ed_Octob	<b>ラ</b> グこ	- ( ( محمد						
ed_Octob	> (Jan Na</td <td>Na member or au</td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Na member or au	,					

Filing Fee: \$25.00