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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAMACHO & ASSOCIATES LLC
Account Number : I20220000154
Phone : (323)453-5446
Fax Number : (407)350-5660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: laciapietruisi@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUE AMOR. THE LOVE GIFT BOUTIQUE LLC

| | |
|-----------------------|---------|
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DIVISION OF CORPORATIONS
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MAY 29 2024

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE AMOR, THE LOVE GIFT BOUTIQUE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSANA M. DUARTE

Name of Person

TRUE AMOR, THE LOVE GIFT BOUTIQUE LLC

Firm/Company

3956 TOWN CENTER BLVD. # 497

Address

ORLANDO, FL 32837

City/State and Zip Code

MARCIAPIERLUISI@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCIA B. PIERLUISI

407

861-1188

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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**

TRUE AMOR. THE LOVE GIFT BOUTIQUE LLC.

(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 01/09/2023 and assigned Florida document number L23000020578.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1011 PERIWINKLE CT.

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34747

Enter new mailing address, if applicable:

1011 PERIWINKLE CT.

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 34747

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:

MARCIA B. PIERLUISI

New Registered Office Address:

1011 PERIWINKLE CT.

Enter Florida street address

KISSIMMEE

Florida 34747

City

Zip Code

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 my duties, 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

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> | <u>Type of Action</u> |
|--------------|----------------------|-----------------------------|--------------------------------------------|
| AMBR | DUARTE, SUSANA M | 3956 TOWN CENTER BLVD. #497 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | PIERLUISI, MARCIA B. | 1011 PERIWINKLE CT. | <input checked="" type="checkbox"/> Add |
| | | KISSIMMEE, FL 34747 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: 05/28/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 28

2024

Signature of a member or authorized representative of a member

SUSANA M. DUARTE

Typed or printed name of signee