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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Нож</u>	246 // 6		
SUBJECT: <u>- 170/17</u>	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	emitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jennifes B	Name of Verson	
	Hootique 2	LC Firm/Company	
	1521 Taylo	1	2023 FE
	Punta Gooda	FL 33950	2023 FEB 28 PH 4: 40
	55 Lyndy @	City/State and Zip Code (Calio), Com to be used for future annual report notif	feation)
For further information co	ncerning this matter, please c		, Wi
Jennifer B Name of	Lyndy Person	at (<u>434</u>)	- 0408 Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hootique	LLC
(Name of the Limited Limit Col (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for the Organization for this December 1981 (1998) and Organization for the Organization for t	any were filed on February 13, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S. C.
(Principal office address MUST BE A STREET ADDRESS	
	2 V 2 V 8
	P .
Enter new mailing address, if applicable:	197
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Registered Agent:
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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

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>	Address	Type of Action
AMBR	Jenifer B Lundy	1521 Taylor Road	ØAdd
		Punta Gorda, FL 33950	□Remove
			□Change
AMBR	Cesar Hurtado	1521 Taylor Road	\(\overline{\pi} \) Add
		Punta Gorda, FL 33950	□Remove
			Change
			Change Change Add 28 Remove
			□ Remove
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If an effective date is lis Note: If the date ins	ther than the date of ted, the date must be spec- crited in this block does date on the Departme	ific and cannot be pri s not meet the app	licable statutory fil	(opti more than 90 days after ing requirements, thi	r filing.) Pursuant to 605.	.0207 (as t
e record specifies a d rd is filed.	elayed effective date, b	out not an effective	e time, at 12:01 a.u	n, on the earlier of: (t) The 90th day after	the
	era 21	. 2023	5			
Dated Febru						
Dated Februs	Derson Signation	B. A. I	_			