

L23000091840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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RECEIVED
K. HUNT
05/08/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLLY 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:

HELEN RODRIGUEZ

Name of Person

TAXSMART ACCOUNTING SERVICES

Firm/Company

9957 MOORINGS DR UNIT 502

Address

JACKSONVILLE FL 32257

City/State and Zip Code

INFO@TAXSMARTCORP.NET

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

For further information concerning this matter, please call:

HELEN RODRIGUEZ

904

733-0027

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POLLY 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 02/20/2023 and assigned
Florida document number L23000091940.

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10450 San Jose Blvd suite 2

Jacksonville FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10450 San Jose Blvd suite 2

Jacksonville FL 32257

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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

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

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>	<u>Type of Action</u>
X	AMBR	FABYOLA OLMO GONCALES	<input checked="" type="checkbox"/> Add
		10450 San Jose Blvd suite 2	<input type="checkbox"/> Remove
		Jacksonville FL 32257	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2023 MAY - 8 PM 12:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1811 8207

CLERK OF SUPREME COURT
DIVISION OF CORPORATIONS

(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)

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 SEPTEMBER 25 2023

JPMECA
Signature of a member or authorized representative of a member

NATALIA C. FONSECA

Typed or printed name of signee

Filing Fee: \$25.00