

L23 DDD 196944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

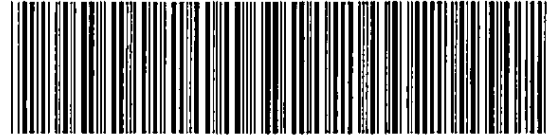
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 APR 28 - 1 PM 12:11
TALLAHASSEE, FLORIDA
CLERK OF STATE

RECEIVED
2023 APR 28 PM 12:21
TALLAHASSEE, FLORIDA
CLERK OF STATE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$ 25.00**

Authorization Signature: _____

for [unclear]

ROYAL5 BOUTIQUE LLC L23000196944

Business Name

Document #

☐ **Certified Copy of articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not For Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ LLLP

AMENDMENTS

☒ Amendment

☐ Statement of Fact

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal5 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:

Jenny L Metellus
Name of Person

Firm/Company

147 Pageant Streets
Address

Lehigh Acres FL 33974
City/State and Zip Code

djenny.ledan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny L Metellus at (3055198495)
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: ROYAL5 BOUTIQUE LLC
Ref. Number: L23000196944

We have received your document for ROYAL5 BOUTIQUE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Check the box for Type of Action for the AMBR.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 923A00009681

RECEIVED
2023 MAY - 1 PM 4:18
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Royal5 Boutique LLC

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

FILED

2023 APR -1 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/20/2023 and assigned

Florida document number L23000196944

This amendment is submitted to amend the following:

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

Royal5 Pink Boutique LLC

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:

(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

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

[illegible]

202304-1 PH12:11
CLERK OF STATE
TALLAHASSEE, FL

FILED
2023 MAR -1 PM 12:11
CLERK OF STATE
TALLAHASSEE, FL

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.

Dated _____, _____

Jenny L Metellus

Typed or printed name of signee