Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARTERS CORNER BOUTIQUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carters Corner Boutique LLC		
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000258213	were filed on <u>05/26/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "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 a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		2023
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
N . N	City	-
New Registered Agent's Signature, if changing Registered Agent:		رب

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 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
MGR	CARTERS CORNER BOUTIQUE LLC	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	∑ IRemove
			□Change
MGR	Alexandra Gola	7901 4TH ST N STE 300	X)Add
		ST. PETERSBURG, FL 33702	□Remove
			C)Change
			□Add
			□Remove
			□Change
		48 shoroladora	□Add
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			□Change
		The state of the s	□Add
			Remove
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			□Add
			□ Remove

ord is filed.	<u> </u>		
Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed.			
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Dated June 1st . 2023		tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day after the
Public June Signature of a member or authorized representative of a member	Dated June 1st	2023	
Signature of a member or authorized representative of a member	Robin 1	 ·	
		Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
Robin Jones		Typed or printed name of signee	

Filing Fee: \$25.00