L23000434175

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		*				
S110 167	Brigitte Bi	z Boutique LLC					
SUBJEC	~ · · · <u></u>	T:Name of Limited Liability Company					
		Amendment and fee(s) are sub	-				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Stephanie Goebel					
			Name of Person				
		ZenBusiness Inc.					
Firm/Company				.			
	5511 Parkcrest Drive, Ste. 103						
	Address						
		Austin, TX 78731					
		fulfillment@zenbusiness.co	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	ication)			
For furth	ner information c	oncerning this matter, please co	all:				
Stephan	ie Goebel c/o Ze	nBusiness Inc.	844 493-6249 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	i is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brigitte Biz Boutique LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number 1.23000434175 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Brigitte's Biz LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

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>	Type of Action
			
			Remove
			☐ Change
	 		
			□ Remove
			☐ Change
			Add
			□ Remove
			Add
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			☐ Change
			
			Remove
			Change
	Period and a state of the state	<u> </u>	Add
			□ Remove
			☐ Change

· II amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
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(If an effective date is listed, Note: If the date inserte	r than the date of filing:
the record specifies a) The 90th day after	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: or the record is filed.
Dated September 28	2023
	gitte Briandet
	Signature of a member or authorized representative of a member
Anne Brigitte	e Briandet
	Typed or printed name of signee

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Filing Fee: \$25.00