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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

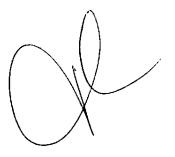
Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: 904	Sports Gifts.	and thrift 11c.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Debra Qu	Name of Person	
		Firm/Company	
	13277 Kark	Covelone	202
	1000111010	Address	
	Incksinvil	e FL 32225	2024 JUL 25
	State of the state	e FL 32225 City/State and Zip Code	
	E-mail address:	GMail. Com us be used for future annual report noti	က် fication) · : ယ
For further information c	oncerning this matter, please c		<u></u>
Debra ()	iun:f	an (904) 491-9	6765
Name'o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration Se	ction
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of T	Taliahassee
Tallahassee.	ԻԼ 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-1 1111

404 20a8 6:1180	
(Name of the Limited I	Jability Company as it now appears on our records. Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 1324 and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	ports Boutique 16
The new name must be distinguishable and contain the word:	s "Limited Liability Company. The designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
	2024
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
	On I
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, enter the name of the new registered
agent and/or the new registered office address in	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City Zin 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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□C j ege
			□Cege □Add =
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