## L24000270607

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## **COVER LETTER**

IO: Registration S Division of Co				
SUBJECT: Hila	ry Dolphin Bo	Outigue LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	HilaryWe	Name of Person		
	Hilary Dolf	Dhin Boutique Firm/Company	<del></del>	
	220 GateL	Address	<del></del>	
	Large, FL	City/State and Zip Code		
	hory dolp, r E-mail address: (	to be used for future annual report notifi	(a), Cim fication)	
For further information c	oncerning this matter, please ca	all:		
Hilary We Name o	Mbery f Person	at ( ) ) ) U   - Area Code Daytime	306 S e Telephone Number	
Enclosed is a check for the	ne following amount:		· 0 🛱	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy   Cadditional copy is enclosed	2. A.
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Sec Division of Corp	etion :07	المنتصالة ا
P.O. Box 632	7	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

114

Hilary Dulphin Bout, Ghe LLC (Name of the Limited Liability Company as it now appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 6131704 and assigned
lorida document number <u>L2400270607</u> .
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new register
gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida The Code Code Code Code Code Code Code Cod
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with it

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 Wibbill?

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>	Name	Address	Type of Action
MGR	Phonda Winberg	De Gutzwood Dr.	_ tXAdd
		Dr. Gatewood Dr. Large, FL 3070	_ 🗆 Remove
			_ Change
MGR	Hilary and Phond Winha	320 Garewood Dr	_ □Add
		Largo, FL 33710	_ Remove
			_ MChange
	·		□Add
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		74 7 74 7 74 7 75 7 75 7 75 7	Remove
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(If an effective da Note: If the da document's eff	e is listed, the date must be ate inserted in this block ective date on the Department.	ate of filing: c specific and cannot be prick does not meet the appartment of State's reconstruction.	ior to date of filing or mon licable statutory filing i ds.	requirements, this d	ing) Pursuant to atd-will not be	isted as (
rd is filed.		late, but not an effective		the earlier of: (b)	PSTATE	fter the
Dated ()(A	12 13 Lumy N	gnature of a member of au	thorized representative of	f a member		
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