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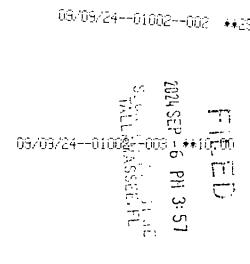
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

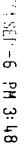
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Dony Both	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Ebony (	A L DIRGH Name of Person	<u> </u>
		Firm/Company	
	38250 N	7055 LANE	<del></del>
	DADE CITY  Email address: (	F/- 33523 City/State and Zip Code	Cloud Con
For further information e	concerning this matter, please ea		,
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 Filing Fcc	☐ \$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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	Stion

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Ebonys Boutique	e LLC	
The new name must be distinguishable and contain the words "Limited Lint	oility Company," the designation "L	
Enter new principal offices address, if applicable:		2024
(Principal office address MUST BE A STREET ADDRESS)		
<del></del> -		
		Ön P*/*i
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, n. J
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Th.

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

,

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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
<del></del>			□ Add
		<del></del>	□ Remove
			Change
			□ Remove
			□Change
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lfan ef <u>Note:</u>	five date, if other than the date of filing:
e reco rd is ti	rd 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 fled.
Dated	9-6-24
	Signature of a number or authorized representative of a member
	Signature of a included of additionable of a member
	£ 1.

Filing Fee: \$25.00