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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer	
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Office Use Only



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2024 DEC -4 PH 3: 58

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Adora Boutique	e,LC
Name of Limited Lia	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Janylant	O/(et) Name of Person
Adora B	Firm/Company
1245 Cedar	- Center Drive Ste Z
Talla, FL	3230   /State and Zip Code
Janylahla	State and Zip Code  Velle amail Com  sed for future annual report notification)
For further information concerning this matter, please call:	
Januah Loyett Name of Person	at ( <u>050</u> ) <u>079.76.37</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
♥ \$25.00 Filing Fee	\$55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adora Bo	outique, LC
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L2400048738</u>	Company were filed on 11 29 2021 and assigned 2.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zip 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>	<u>Name</u>	Address	Type of Action
AMBR	Jessica Porter	1248 Cedar Center Drive Talla, FL 32301 Ste 2	OAGT
		Julia, 10 02001 of 2	□Remove
			Change
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an ef Note:	ive date, if other than the date of filing:  (optional)  (ective 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 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
ne recor	ed 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 led.
Dated	December 4. 2021.
	Signature of a member or authorized representative of a member
	Jan Who well

. . .

Filing Fee: \$25.00