## L22000311204

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor		
CUDIE	Addictive (	Couture Boutique	
SUBJEC	.:	Name of Lim	nited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	turn all correspo	ondence concerning this matter	to the following:
		Anita Benoit	
		· · · · · · · · · · · · · · · · · · ·	Name of Person
		Addictive Couture Enterpr	ises
			Firm/Company
		7663 N. 56th St.	
			Address
		Tampa , Fl 33617	
		goddess813@gmail.com	City/State and Zip Code
			(to be used for future annual report notification)
For furth	er information c	oncerning this matter, please c	all:
Anita Be	enoit		813 503-0826 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	l 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 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Addictive Couture Boutique		•
( <u>Name of the Limited Liability Compa</u> (A Florida Limited )	ny as it now appears on our records.)	
(A Florida Ellilled I	Statinty Company)	·-
he Articles of Organization for this Limited Liability Company	were filed on July 2008	and assigned
lorida document number 1.22000311204	<del></del>	
orida document number		· ·
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Addictive Couture Enterprises LLC		
he new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7663 N. 56th St.	
• • • • • • • • • • • • • • • • • • • •	Tampa , FL 33617	
Principal office address MUST BE A STREET ADDRESS)		
	7663 N. 56th St.	
Enter new mailing address, if applicable:	Tampa . FL 33617	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Tanipa . FL 33017	
3. If amending the registered agent and/or registered office a	address on our records, enter the na	ame of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	Zin Code
	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>	Name	Address	Type of Action
			Remove
			□Change
			□Add
		<del></del>	Remove
			□Change
			Remove
			□Change
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			□Remove
			Change
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			Remove
			□Remove
			□Change

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is filed.		
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ated April 23	Signature of a member or authorized representative of a	:

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