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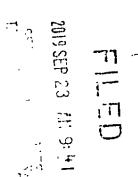
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COVER LETTER

• • • • • • • • • • • • • • • • • • • •	tration Section on of Corporations			
SUBJECT:	Couture	Decora	tions, LLC.	
Sobolet	7,1	Name of Lim	nited Liability Company	
The enclosed A	rticles of Amendment	and fee(s) are sub	omitted for filing.	
Please return al	I correspondence conc	erning this matter	to the following:	
	_6	oiselle	Name of Person	
		Cauture	Decorations, Lla	<u>C.</u>
		5285 N	JW. 161 Street	
	<u> </u>	liami Ga	City/State and Zip Code	14
		Couture E-mail address: (City/State and Zip Code decorations 0 to be used for future annual report not	IVE. COM ification)
For further info	rmation concerning th			
Gise	Name of Person	sles	at (305) 244 Area Code Daytin	- 9744 ne Telephone Number
Enclosed is a cl	neck for the following	атоилт:		
\$25.00 Filis		Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Couture Da	ecorations, LIC.
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{7/31/2007}{}$ and assigned
Florida document number <u>LO70000 78235.</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	7019
(Mailing address MAY BE A POST OFFICE BOX)	SE TI
B. If amending the registered agent and/or registered	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	eere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Niebles, Giselle	7855 W. 2nd Ct. Bay =	} □ ∧dd
		Hialeah, F1 33014	Remove
			Change
MGR	Mualin, Jaime	5285 Nw. 161 Street	&\dd
		Miami Gardens, Fl 33014	☐ Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

O. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o b) The 90th day after the record is filed.
Dated September 19 2019 Signature of a member or authorized representative of a member
Giselle Niebles Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00