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**EXAMINER** 

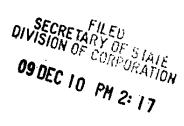


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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TIJ E	BOUTIQUE, LCC	/		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appear a Limited Liability Company)	s on oùr records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	02/12/2009	and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the line.		<u>e</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street ada	ress	
	. Florida			
· · · · · · · · · · · · · · · · · · ·	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 608, 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

• • Is amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title **Type of Action** <u>Name</u> **Address MGRM** VALERIY GERBER 500 BAYVIEW DR., APT. 418 ✓ Add Remove SUNNY ISLES, FL 33160 Remove ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DIANA RATEVOSIAN

Typed or printed name of signee

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00