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22 FTT 14 / 1216: 38

T. MATTHEWS FEB 25 2022

## **COVER LETTER**

TO: Registration Se Division of Cor				
Pachi Bout	ique, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
	Amendment and fee(s) are subt			
Please return all correspo	ndence concerning this matter t	to the following:		
	Alex Kurkin			
		Name of Person		
	Kurkin Forehand Brande	s LLP		
		Firm/Company		
	18851 NE 29th Avenue,	Suite 303		
		Address		
	Aventura, FL 33180			
		City/State and Zip Code		
	akurkin@kfb-law.com	to be used for future annual report not	ification	
			montos)	
For further information of	oncerning this matter, please ca			
Stacy Santiago		305 929-8503 at ()		
Name o	f Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address: Registration So	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 633		The Centre of	Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEE 14 11110: 38

Pachi Boutique, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 08/10/201	0 and assigned
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our records	enter the name of the new registered
agent and/or the new registered office address her	e:	enter me name of the new registeret
Name of New Registered Agent:		<del></del>
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 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>	<u>Address</u>	Type of Action
MGR	Patricia Lake	6105 Pinetree Drive	
		Miami Beach, FL 33140	Remove
			☐ Change
MGR	Patricla Hayim	5750 N. Federal Highway	<u> ⊞</u> Add
		Ft. Lauderdale, FL 33308	□Remove
			☐ Change
			□Add
			□Remove
			□Rетоvе
			Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			☐ Change

c.	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Ante: 1	re date, if other than the date of filing:	1207 i as
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to d.	the
Dated _	October 27 2021	
	Signature of a member or authorized representative of a member	
	Garrett Hayim	