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COVER LETTER

TO: Registration Security Division of Corp.		•	
SUBJECT:	Blessed Boy Name of Limit	tique Clothing led Liability Company	LLC
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	<u>Melodie</u>	Van der box Name of Person	un
	Blessed	BOUTIQUE Firm/Company	
	11701 Lake	Victoria Gurda	ns Ave #7109
	Palm Beuch	City/State and Zip Code	33410
•	Swo B E-mail address: (to	Slessed Boutique Co o be used for future annual report notifie	edion)
For further information co	oncerning this matter, please ca	II:	
_Meloche Name o	Van der bacan Person	at (954) 649 Area Code Daytime	- 7937 Telephone Number
Enclosed is a check for the	e 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 tadditional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

make check payable for Florida Department of State

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIESSCO BOUNDAMENT OF THE CONTROL OF THE LIMITED THE CONTROL OF TH	14 ve ompany as it ited Liability	now appears Company)	on our records.	LLC	
The Articles of Organization for this Limited Liability Comp Florida document number L NOON 33 6	oany were fi	iled on	11/28/2	Q\\\ and a	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability co	mpany her	e: NiA		
The new name must be distinguishable and contain the words "Limited 1	.iability Com	pany," the des	ignation "LLC"	or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		<u>. </u>			<u></u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>				- 100 - 100
Enter new mailing address, if applicable:				-7 Pr	DE COMP
(Mailing address MAY BE A POST OFFICE BOX)				5:	3 F A S A
					3.00
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ddress on	our records,	enter the nam	<u>e of the n</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Floric	la street address		
			Flor	rida	. <u>-</u>
	Cit	y		Zip Cod	'e

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>ale</u>	<u>Name</u>	Address	Type of Action
<u>m612</u>	Samia Pedalinu	11701 Lake Victoria Gordins Ave #71001 Palm Brach Gurdins FL 33410	Remove Change
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fective date, if other in effective date is listed ote: If the date inser- icument's effective d	l, the date must be spected in this block doc	cific and cannot be pri es not meet the appl	or to date of filing or m icable statutory filin	ore than 90 days afte g requirements, thi	ional) r filing.) Pursuant to 60 is date will not be lis)5,02) ted :
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