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APR 04 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ne Ne Blu's Doutique LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
1AMARA M. ElliO# Name of Person
NeNe Blu's Burntique LLC Firm/Company
2431 Desoto Drive
Miramar Jorida 33023  City/State and Zip Code  . blus beauty bara gmail- Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (984) 391-8013  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Of	•		aldam
NeNeBlu's Boutia	ue LLC		D. Var.
NeNeBlu's Joung (Name of the Limited Liability Company) (A Florida Limited Liability)	as it now appears on or ability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L/2000 80195</u>	vere filed on <u>4</u>	15/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	2431°L	Desoto DA	rive_
(Principal office address MUST BE A STREET ADDRESS)	2431° D Miranar	Horida 3	33023
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	eei address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	<del></del>	ip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my di ovided for in Chapte	ities, and I am famil er 605, F.S. Or, iFth	liar with and is document is liability

Page 1 of 3

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
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ii ciiccuv	e date is listed, the date muse date inserted in this b	ust be specific a	ind cannot be pric	n to date of fitting of	r more than 90 day	s after filing.) I	
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ted _	2/23	Signature of	author or auth	norized representati	ve of a member	YSSELLY 1	= =
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ted S	1AMARA	Signature of My.	E//10,	norized representation		ECRETARY OF STA	- m

Filing Fee: \$25.00

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