

45000 #1813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

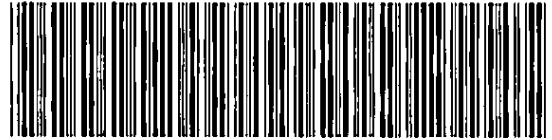
(Business Entity Name)

(Document Number)

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2024
SEP 20 AM 8:34
FLORIDA STATE
OFFICE, FL

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09/20/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Demure Apparel 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:

Jamie Morales
Name of Person

Belle Dame Boutique LLC
Firm/Company

13182 SW 233 ST
Address

HOMESTEAD, FL 33032
City/State and Zip Code

belle.dame.usa@gmail.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLHASSEE, FL
2021 JUN 20 AM 8:34

For further information concerning this matter, please call:

Jamie Morales at (305) 3381977
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Demure Apparel LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2015 and assigned Florida document number L15000071818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Belle Dame Boutique LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13182 SW 233 ST, Homestead, FL 33032

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

13182 SW 233 ST, Homestead, FL 33032

(Mailing address MAY BE A POST OFFICE BOX)

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 here:

Name of New Registered Agent:

Jamie Morales

New Registered Office Address:

13182 SW 233 ST

Enter Florida street address

Homestead

Florida

33032

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jamie Morales	13182 SW 233 ST, Homestead, FL 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Mack	14320 SW 289TH ST, Homestead, FL 33033	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

20 AM 8:34
 STATE
 FLORIDA
 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information. A vertical stamp on the right side reads: '2024 JUN 20 AM 8:34 DEPARTMENT OF STATE MISSISSIPPI FILED'.

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 13, 2024

Kevin Mack

Signature of a member or authorized representative of a member

Kevin Mack

Typed or printed name of signee