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COVER LETTER

Division of Corp	orations		
SUBJECT: CT/CY	MCW/KICUS Name of Limite	BCUTIQUE Liability Company	LLC.
	amendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	the following:	
	theyante	J MadiS(
		Firm/Company	
	1117 Callou	CU S+	·····
	Tallahasse	e Él 3230	14
	E-mail address: (to	City/State and Zip Code Cuty/State and Zip Code De used for future annual report notify	UOCMail.com
For further information co	incerning this matter, please cal	Ji:)
Meycunte Name of	Derson Madisc	1 60 503 1-1	Telephone Number
Enclosed is a check for th	e following amount:		
S25 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)

TO: Registration Section

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: 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 designation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			□ Change
			Cladd
			□Remove
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f an effective <u>Note:</u> If th	date, if other than the date of filing:
record spe d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	7/20/21
Dated	When cotto M Whadisan
Dated	Signature of a member or authorized representing of a member

Filing Fee: \$25.00