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ONS OCT 2.4 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOVE My Stanchuse Boutique, LLE :	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	23 1
Please return all correspondence concerning this matter to the following:	ි. යා ග
MARISUL GUZ Name of Person	
We My Sunshine Boutique	
990 BISCAYNE BLVD, SUITE 501	ı
Address MIAMI, FL 33132	
City/State and Zip Code	
Lular De love my Strushine boutque @ gh	nail con
For further information concerning this matter, please call:	'
MANUSUL CM2 at (355) 842-7089 Name of Person Area Code Daytime Telephone Number) 1
	1
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

 \square \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVE My Synch (Name of the Limited Liability Compar (A Florida Limited L	Polity as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Plorida document number <u>LIG DUOD 94443</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of the liability of the limited liability of the liability	3 PH 2:
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	990 BISCAYNE BLVD, SUITE 501
Principal office address MUST BE A STREET ADDRESS)	
	MIAMI. FL 33132
Enter new mailing address, if applicable:	990 BISCAYNE BLVD, SUITE 501
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33132
3. If amending the registered agent and/or registered offegistered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida, Zip Code
Sew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

• •	from our records:	anage, enter the true, name, and address of each	in person being added
MGR = Ma AMBR = Au	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Susanc Amphero	12425 NW 7th St	D Add
		MIGHUI, FL 33182	Remove
			Change
AMBIZ	Llura Hofmann	11710 NW 315 PLACE	
		Shrrise fr 33323	Remove
			Change
	representative in the Community of the C		O'Remark
			The Remark PH
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effective date	ris listed, the date r	nust be specific an	d cannot be prior	to date of filing o	r more than 90 day	s after filing.) Pur	rsuant to 60 5 .0207 (not be listed as t
	ective date on the			•			
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		/	member or alpho	KiA√d representat	ive of a member		
		MA	0 1 C17)	(n	12		

Page 3 of 3

Filing Fee: \$25.00