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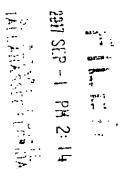
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SEP OF THE RIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SZOWS AN ROUTIQUE 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:	
STEPHANE SULLIVAN Name of Person	
TRUA BROWS TWO POUT QUE Firm/Company	
III N POMPANO BEACH BUD FIIIU	
POMPAO REACIA, FL 33062 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (954) 647, 0958 Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	status &

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

, bent trans the B	OUTIQUE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L170004627</u> .	were filed on $2.27.17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	III N. POMPANO BEACH BUND HILLY
(Principal office address MUST BE A STREET ADDRESS)	Rompano BEACH. FL 33062
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALL AND SEP - PM
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Address	Type of Action
WS	MICHAEL MORSILLO	III 12 POMPANO BOARD BUDD	
		# 1114 POMPAND BEACH FL 3506	Remove
			Change
			Add
			Remove
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Filing Fee: \$25.00