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(Red	questor's Name)	
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SECRETARY OF STATE

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SUBJECT:	Ω_{m}	brosial Jay	Bullige	م ا	
SORTECT:		Name of Lin	nited Liability Cor	nany	
		rune or Em			
			•	1	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing		
Please return	all correspo	ndence concerning this matter	to the following	3	
		Lake	Cur Ta	g/U/	
		Ambrosia	il Jay	Boutique	<u> </u>
			, •		
		9901 Hidder	Addre	<u> </u>	
		Orlando	, FC	32.879	
		<u>ambrosialma</u> E-mail address:	Mage A.	Shupaib. Cu, ure annual report notifi	cation)
For further in	nformation co	oncerning this matter, please o	call:		
Lake	ur -	Taylor	at (<u>\(\lambda\)</u> Area	7) 872-9	663
	Name of	Person	Area	Colle Daytime	Telephone Number
Enclosed is	a check for th	e following amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N4 4 11 1	NG ADDRESS:	· •	STREET/COURT	TD ADDDESS.
		ation Section		STREET/COURIE Registration Section	
	Divisio	n of Corporations		Division of Corpora	
	P.O. Bo			Clifton Building	
	Tallaha	ssee, FL 32314	1	2661 Executive Cen Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

- Ambrosial Jay Bout	auc LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on May 26, 2017 and assigned
Florida document number $\frac{17000117365}{}$.	9
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
-	80 FM
	AN AREI
Enter new mailing address, if applicable:	SSE
(Mailing address MAY BE A POST OFFICE BOX)	P E O
_	
	~
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the need
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:	1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending or removed	Authorized Person(s) authorized to ma from our records:	anage, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
	Taylor, Lakair M	9901 Hidden Giver Dr. #211 Orlando, FL 328291	Add
		#211 UNIW WO, F C 3282 1	□ Remove
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Page 3 of 3 Filing Fee: \$25.00