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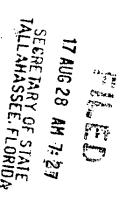
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COVER LETTER

ANGELITE BOUTIQUE LLC SUBJECT:	
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:	
CLAUDIA S. VERGARA	
Name of Person	
ANGELITE BOUTIQUE LLC	
Firm/Company	
10175 SW 163 PLACE	
Address	
MIAMI FL 33196	
City/State and Zip Code claudiavergara1998@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GUSTAVO VERGARA 305 951 5801 at ()	
Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fe & Certified Copy (additional copy is enclosed)	tatus &

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

ANGELITE BOUTIQUE LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L17000147023		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:		17 AUG 2 SEGREIMI
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address , Florida City	SEE. FLDRIDA

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			Change
			Add
			□ Remove
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tive date, if other than the diffective date is listed, the date must be. If the date inserted in this blockment's effective date on the Department.	e specific and cannot be prior to k does not meet the applicable	date of filing or more than t e statutory filing require	(optional) 90 days after filing.) Pursu ements, this date will no	ant to 60: ot be list
ecord specifies a delayed e e 90th day after the recor		an effective time, a	t 12:01 a.m. on th	e earli
August 21	, 2017			
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Filing Fee: \$25.00