117000207918

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:		Hemit ted Liability Company	
	Name of Eng	ted Liabinty Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Jana	nel Rosado	
		Name of 1 Croon	
		Firm/Company	
	5015 hirki	man rd 616978	
	Drlo	ando, FL 32811 City/State and Zip Code	·····
-	Shophaute E-mail address: (t	hermit @ gmail. co	ation)
For further information conc	erning this matter, please ca	ıll:	
Jannel (osado	at (401) Area Code Daytime T	P112 Felephone Number
Enclosed is a check for the f	ollowing amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liabi	Hermit lity Company as it now as in Limited Liability Compa	LLC opears on our records.) only)			
The Articles of Organization for this Limited Liability Florida document number <u>L 17000207918</u>	Company were filed or	10/09/201	<u>7</u> ar	nd assig	ned
This amendment is submitted to amend the following:					
The Haute Li-	fe LL-C		: abbreviati	ion "LaLa	C."
Enter new principal offices address, if applicable:				-26-	
(Principal office address MUST BE A STREET ADD	RESS)		- [_ <u>≅</u>	
			11.88.1.8 大公子	27	**************************************
A. If amending name, enter the new name of the limited liability company here: The Haute Life LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the registered agent and/or the new registered office address here:	1 1				
(Mailing address MAY BE A POST OFFICE BOX)			- 2	<u>3</u> 149	<u> </u>
6 6 5		s on our records, <u>ent</u>	er the n	ame of	the new
Name of New Registered Agent:					
New Registered Office Address:	Ente	r 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			Remove
			☐ Change
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fective date, if other than a effective date is listed, the date: If the date inserted in the cument's effective date on	ite must be specific a this block does no	and cannot be pri of meet the app	licable statutor	ng or more than 90 or y filing requirem	(optional) days after filing ents, this date	.) Pursuan	it to 605.0 be listed
record specifies a de The 90th day after the	e record is file	d.				on the	earlier
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