L18000070056

(Re	equestor's Name)	
(Ad	ldress)	
(Ād	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration So Division of Cor			
	Boutique, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trelloni Russell		
	1111, 0, 2 111	Name of Person	
		Firm/Company	
	6330 N Andrews Ave, #34	6	
	11- <u>18-14</u>	Address	
	Fort Lauderdale, Fl. 33309)	
		City/State and Zip Code	
	ts_russell@hotmail.com		
		to be used for future annual report i	notification)
For further information c	concerning this matter, please co	all;	
Trelloni Russell		786 262-8626 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		/
□ \$25.00 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

So Saditty Boutique, LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000070056	were filed on March 19, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company bere:		
Stoosh Kouture, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	6300 N Andrews Ave		
Principal office address MUST BE A STREET ADDRESS)	#346	•	
	Fort Lauderdale, FL 33309		
Inter new mailing address, if applicable:	6300 N Andrews Ave		
(Mailing address MAY BE A POST OFFICE BOX)	#346	<u> </u>	
	Fort Lauderdale, FL 33309		
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the name of the	
		∑ः ा ध्य	
Name of New Registered Agent:		9	
New Registered Office Address:	Enter Florida street address		
	Enter r tortaa street address		
	, Flori	ida	
	City	zīp Coac	

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 __ Add _□ Remove _□ Change _□ Remove _□ Change _□ Add _□ Remove □ Add Remove ≟□ Change □ Add ☐ Remove ☐ Change ☐ Remove

_D Change

The 90th day after the record is filed.	, 30 12.01 0 0 0	33.76. 01
ne record specifies a delayed effective date, but not an effective tir	me, at 12:01 a.m. on the	earlier of
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not	be listed as
Effective date, if other than the date of filing:	(optional)	u to 605 0707
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Typed or printed name of signee

Filing Fee: \$25.00