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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Division of Co			
Aguacate I SUBJECT:	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 correspondent	ondence concerning this matter	to the following:	
	Edgard Zambrano, MBA		
		Name of Person	
	The Genesis Firm LLC		
		Firm/Company	
	3105 NW 107th Avenue S	TE 400-E4	
		Address	· -
	Doral, FL 33172		
		City/State and Zip Code	
	ed@thegenesisfirmllc.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
Edgard Zambrano, MB	٩	786 476-2863	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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

Aguacate Boutique, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/15/20	and assigned
Florida document number L18000250862		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		TOTAL TOTAL
(Principal office address MUST BE A STREET ADDR	(ESS)	
		22 1
		2
Enter new mailing address, if applicable:		~ ~
(Mailing address MAY BE A POST OFFICE BOX)		:: 5g
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, gress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	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>	<u>Address</u>	Type of Action
AMBR	Helena H Rivas	8774 NW 103rd Ave, Doral, FL 33	
			Remove
			Change
			D Add
		 	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
		Add	
		☐ Remove	
			Change
			□ Add
		□ Remove	
			Change
		Add	
			□ Remove
			□ Change
			Add
			☐ Remove
			Change

	vnership Interest:
Name of Membe	Ownership Interest %
Isabel C Rincon	50%
Helena H Rivas	50%
ffective date, if oth	r than the date of filing:(optional)
ote: If the date inser	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: r the record is filed.
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	2020 SIGN HERE

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Filing Fee: \$25.00