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COVER LETTER

TO: Registration Division of	n Section Corporations	•	
Acoutu	re LLC		
	Name of Lir	mited Liability Company	
	s of Amendment and fee(s) are su	•	
	Alina S. Fluey		
		Name of Person	
	Acouture LLC		
	11380 NE 8th Ave	Firm/Company	
		Address	
	Biscayne Park, 33161		
	OFFICE @ AC	City/State and Zip Code COUTUSE STORE. COM (to be used for future annual report notif	1
For further informatio	n concerning this matter, please c		
Alina Huey		202 577-6070	
Nam	e of Person	202 577-6070 at ()	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	ILING ADDRESS:	STRFFT/COURD	ED AMBDECC.

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**

	ED
2019 JAN -2 SECR	PM in
SECRETARIAN SECRET	' '' ''2: 15

ACOUTURE	1.1.0	SECRET - 2 PM 12: 15
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on comited Liability Company)	SECRETARIASSEE, FLE
The Articles of Organization for this Limited Liability ConFlorida document number $_L1800028218$	npany were filed on12_	107 12018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite \mathcal{N}/A		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our s here:	records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida str.	vet address
	City	, Florida 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 MGR ALINA S. HUEY 11380 NE STAND PACK FL Remove AMBR MARTIN Y PETKON 11380 NE 8th AVE WAD BISCOYNE PARK FL Remove 33/6/ Change AMBR Thomas A HUEY 11380 NE STUAVE SADDE AND BISCOMINE PARK FL Remove 33161 ____ Change ____ Change □ Add ☐ Remove __ 🗆 Change ☐ Remove __ _ _ _ _ _ _ _ _ _ _ D Change

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an effect f <u>ote:</u> H	e date, if other thar ive date is listed, the dat the date inserted in the t's effective date on t	e must be specitic iis block does no	and cannot be prior of meet the application.	to date of filing or mo able statutory filing	(optio ore than 90 days after t requirements, this	iling & Pursuant to 605
ine 9	rd specifies a dela 0th day after the	record is file	ed.	X	me, at 12:01 a.	m. on the earlie
ated	DOCOMP)	
		Signature of	f a member or autho	rized representative	of a member	

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Filing Fee: \$25.00