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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FIGN+28 R	OUTIQUE LLC of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
Fav	Name of Person	
Eig	Mt 28 Bout que	
10428 R	sig Tree Circle W	一 H 12: 08
Jackson eignt28	OVILLE FL 32257 City/State and Zip Code Shouthave @amail.	Com
For further information concerning this matter, pl	dress: (to be used the future annual report notificati	
EMILY Sims	at (<u>33A_) 329 - 2</u>	2682 ephone Number
Enclosed is a check for the following amount:		
\$25,00 Filing Fee S25,00 Filing Fee Certificate of Sta		☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER A	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EIGNH 28 BOL	Angue LLC	
(A F	ability Company as it now appears on our lorda Limited Liability Company)	r <u>ecords.</u>)
The Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{4/3}{83}$.	1/2019 and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	20191 SEC
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbrurationL.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	PR E
	-	1000 1000 1000 1000 1000 1000 1000 100
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	Q	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	4	
	Enter Florida street	address
_	C:	_, 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 = Manager

AMBR = Authorized Member

Title Name Address Type of Action Farren Knott □ Add ☐ Remove K Change Emily □ Add Ramove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. It affici	Colors and the first change(s) here. (Anach dadatonal sneets, if necessary.)	
	currently Farren Knott and Emily	
_	Sims are registered as Authorized	
_	REPROCATATIVES, but they need to	
1	se registered as members according	
	to their banker If I was have don't	
	aulitions, please call Farren at	
_		
_	104-500-3794	
_		
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(If an effe	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	(3)(b)
	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.	the
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00 th day after the record is filed.	,
Dated _	March 8 . 2019.	
	Signature of a member or authorized representative of a member	
	Favren Woth Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00