L19000055601

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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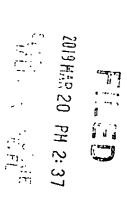
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Rance of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Chriscinia Collazo Name of Person |
| Pravage Boutique |
| 4135 Ambrosia ct Apt 2013 |
| Fort Myers FL 33916 City/State and Zip Code |
| Chrissycolla Dravage Wytique com E-mail addless: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Chriscinia Collazo at (716) 361-8660 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

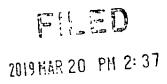
MAILING ADDRESS:

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



| _ Ravage Boutique | mpany as it now appears on our records.) ted Liability Company) |
|---|--|
| (A Florida Limit | ted Liability Company) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 02/26/2019 and assigned |
| Florida document number <u>L19000055601</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited 1 | iability company here: |
| | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "L.I.C" or the abbreviation "L.IC." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS | 2 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address I | office address on our records, enter the name of the new |
| | - |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------------------|-------------------------|----------------|
| AMBR | Chriscinia Collazo | 4135 Ambrusia C+ Ap+201 | 3 □ Add |
| | | Fort Myers FL 33916 | Remove |
| | | | Change |
| AMBR | Chriscinia Collazo Maldonado | 4135 Ambrosia et apt20 | 13.47 Add |
| | | Fort Wyers FL 33916 | 🗆 Remove |
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| Note: | ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| ie red The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | 3/18/2019 |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00