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SECRETARY OF STATE

# **COVER LETTER**

ro:	Registration Se Division of Cor	ection Porations		2
SUBJI	ЕСТ:			
		Name of Lir	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		GUILLAUME, STELLE		
			Name of Person	<del></del>
		STELLE BEAUTY SUPP	PLIES LLC	
		4707 VOUTU HE HIGHN	Firm/Company	report notification)  19-3444  Daytime Telephone Number  &  S60.00 Filing Fee, Certificate of Status &
		0707 SOOTH US HIGHY	<u> </u>	_
	Division of Corporations  STELLE BEAUTY SUPPLIES LLC  MECT:  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:  GUILLAUME. STELLE  Name of Person  STELLE BEAUTY SUPPLIES LLC  Firm/Company  6707 SOUTH US HIGHWAY 1  Address  PORT ST LUCIE, FL 34952  City/Natate and Zip Code  GUILLAUMESTELLE03@GMAIL.COM  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  LLAUME, STELLE  Name of Person  Area Code  Daytime Telephone Number  Divide Corrificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status  Certified Copy  (additional copy is enclosed)			
		GUILLAUMESTELLE030		<del></del>
		E-mail address: (	to be used for future annual report noti	fication)
		,	all:	
GUILI	.AUME, STELLE		-	
_	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>\$2</b> 5	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Maritime Addison		0	

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### STELLE BEAUTY SUPPLIES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
STELLE BOUTIQUE LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6652 S US HIGHWAY I I	PORT ST LUCIE FLORIDA 34952	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	6652 S US HIGHWAY 1 H	PORT ST LUCIE FLORIDA 34952	
(Mailing address MAY BE A POST OFFICE BOX)		72 N	
R. If amonding the registered agent and/or registered offers		7.7. 19	
agent and/or the new registered office address here:	address on our records,	enter the name of the new registered	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:		ere:  designation "LLC" or the abbreviation "L.L.C."  IWAY I PORT ST LUCIE FLORIDA 34952	
	Enter Florida street	t address	
	City	, Florida	
	Cuy	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>	Address	Type of Action
			□Add
			□Remove
			Change
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ffective date, if other than the date of filing:	
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NOVEMBER 3RD 2022 08:00 a m	after the
nted	
Signature of a member or authorized representative of a member	_
GUILLAUME, STELLE	

Filing Fee: \$25.00