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## **COVER LETTER**

TO: Registration S Division of Co	ection rporations	,	
SUBJECT: hec	Kless Minx Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Britney	Gantt	
	·	isanie of Person	
		Firm/Company	<del> </del>
	925 MCC	GIRTS POINT BIVE	
	Jacksonil	City/State and Zip Code	
	Gantt.B	nhey a yah ob.  to be used for ithere abdual report notif	CM (Ication)
For further information co	oncerning this matter, please c	•	,
Britney (	antt	at (QU) 294-9	3420
· · · · · · · · · · · · · · · · · · ·	7.013041	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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

Name of the Limited Liability Composition (A Florida Limited	any as it now appears on our records.	<del>)</del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900273578</u> .	were filed on <u>NOVEMber</u>	01,2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab SDFiStiCated Boutique LV.C. The new name must be distinguishable and contain the words "Limited Liabi		or the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:	1925 McGirts	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonulli FL	उन्निश
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 HAR 29
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	laZin Code
	¥	rap Coae

## 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 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	<u>Name</u>	Address	Type of Action
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ated <u>Marc</u> 	Whey 6	artt of a member or au	thorized representa	tive of a member			