L200000 55642

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:		stration Secti ion of Corpo			•	·
enn m	CT:	Confident C	Couture, LLC			
SUBJE	C1: _		Name of Limite	ed Liability Company		
The enc	losed .	Articles of An	nendment and fee(s) are subm	itted for filing.		
Please re	eturn a	ill correspond	ence concerning this matter to	the following:		
			Jourdan Cerrillo			
				Name of Person	<u>. </u>	
			DoMyLLC.com, LLC			
				Firm/Company		_
			5716 Corsa Ave Suite	e 110		
				Address		
Westlake Village, CA 91362-7354						
				City/State and Zip Code		
			processing@domyllc.co			
			E-mail address: (to	be used for future annual re	eport notification)	
For furth	her inf	ormation con	cerning this matter, please call	l:		
Jourda	an Ce	errillo		888-366-9552	2	
		Name of Po	erson	Area Code	Daytime Teleph	one Number
Enclose	d is a c	check for the (following amount:			
□ \$25	. 0 0 Fil	ing 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)

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

Confident Couture, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our i ed Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 02/18/202	20 and assigned	
Florida document number L20000055642			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
Konfident Kouture, LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS		2020 17	
		1:2) — [1	33
Enter new mailing address, if applicable:		ഗ_, ശ	<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)			ag ag
			-
		π ω	_
B. If amending the registered agent and/or registered		cords, enter the name of the	е печ
registered agent and/or the new registered office address h	<u>iere</u> :		
Name of New Registered Agent:			
New Registered Office Address:		_	The abbreviation "L.L.C." TO 200 THE STATE OF THE STATE OF THE NAME OF THE N
	Enter Florida street	address	
		_, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
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E Effortis	vo data if other than the data of filing: (antional)	
(If an effective	ve date, if other than the date of filing:	i05.020
docume	ent's effective date on the Department of State's records.	1,5100
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	rlier (
(a) The	90th day after the record is filed.	
!	March 3, 2020	
Dated		_
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00