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COVER LETTER

TO: Registration Section

Division of Corp	porations				
CHIC CRO	WNS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	MICHELEINE TALEGRA	AND			
		Name of Person			
	BAEPRENEUR LLC				
		Firm/Company			
	2223 OAKMONT DRIVE				
		Address			
	RIVIERA BEACH, FL 33		··············		
	NUSHKA_12@YAHOO.C	City/State and Zip Code OM			
		to be used for future annual report no	tification)		
For further information co	oncerning this matter, please co	all:			
MICHELEINE TALEGR	AND	561 351-9260 at ()			
Name of	Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S	Section	Street Address: Registration S			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, F			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIC CROWN LLC	ted Liebility Compa	ny se it now annears of	n our records.)
(Name of the Limi	(A Florida Limited	ny as it now appears of Liability Company)	1 VM - 1 E202 M31/
The Articles of Organization for this Limited I	iability Company	were filed on $\frac{02/26}{}$	2020 and assigned
Florida document number 1.20000064357	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here	:
CHIC CROWNS LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	na	
(Principal office address MUST BE A STREET ADDRESS)			20 20
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		na	R 24 A 88F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7. 3
			#15 O
B. If amending the registered agent and/or	registered office	address on our reco	-
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	na		
New Registered Office Address:	na	Enter Floride	ı street address
		Enter Piorial	i sireer autress
	na		, 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 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>	Name	Address	Type of Action
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			□ Remove
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02/26/2020				
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reunient's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time	a at 12:01 a m an th	a andian of the	ፐኤ ፡ ዕለቴ	day after the
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February 26 2020				
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Signature of a member or authoric				