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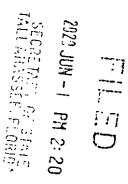
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JUN 10 2005

COVER LETTER

SUBJECT:	La Bowi Bo Name of Limi	out 19 We LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tiffan	Name of Person	<u>.</u>
	LaBou	Ji Boutique L Firm/Company Que L	LC
	922 5th s	Herest Apt. 41 Address MBERCH, FL GingState and Zin Code	west palm
	west Pa	MBC20h, FL City/State and Zip Code	33401
	Labourie Burnelle Labourie Burnelle Labourie Burnelle Bur	DIA 19 W. G. AMDI o be used for Juture armyal report notifi	1.Cort
For further information	concerning this matter, please ca	all:	
THEONING	DIFONZO of Person	at (<u>561</u>) <u>403</u> Area Code Daytimo	- 4352 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	Z \$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)

TO:

Registration Section Division of Corporations

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

La Bousi Boutie	que LLC	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records. Hability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000064637</u> .	were filed on <u>02/27/</u>	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab La Bouile Boutique L The new name must be distinguishable and contain the words Umited Liab	LC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		99Z)
	·	
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · ·	9: 2 1:x1 1:x1
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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			Change

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Note: If t	date, if other than the date of filing:)207 (3 1 as th
ne record sp ord is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated	May 23 Rd 2020.	
	1 / Online	
	Signifure was member or authorized representative of a member	

Filing Fee: \$25.00