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(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

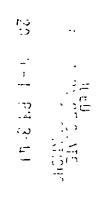
Office Use Only



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COVER LETTER

	gistration Sec vision of Corp			
	Exquisite Bo	outique, LLC		
SUBJECT:		Name of Limi	ited Liability Company	<u></u>
The enclosed	d Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please returi	all correspor	ndence concerning this matter (to the following:	
			Maya Torres	
			Name of Person	-27
			Business Services USA	.
			Firm/Company	
			7230 Linde Ave	
			Address	
			Las Vegas NV 89110	<u>ਦ</u>
			City/State and Zip Code	
			murphy89014@gmail.com	,
			to be used for future annual report notif	lication)
For further i	nformation co	oncerning this matter, please ca	all:	
Ashley Sha	neal Walker		832 633-3369	
	Name of	Person	at () Area Code Daytim	e 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exquisite Boutique, 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 were filed on $\frac{03/09/2020}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Exquisite Kidz LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY <u>BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 **Type of Action** <u>Address</u> **Title** Name | _____ Change _____ □Change _____ Change

_____ □Change

Page 2 of 3

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If the date inserte	r than the date of i the date must be specified in this block does te on the Department	not meet the applica	o date of filing or mor	(optio e than 90 days after requirements, this	iling.) Pursuant to 60

2020