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## **COVER LETTER**

| FO: Registration Sec<br>Division of Corp<br>(1)<br>SUBJECT: | de Décle                                     | S Boutique,   | , LLC!   |      |
|---|--|---|--|------|
| The enclosed Articles of A                                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |      |
| Please return all correspon                                 | idence concerning this matter                | to the following:   |  |      |
|   | Mela   | Mame of Person  |  |      |
|   |  | Firm/Company  |  |      |
|   | P.O. Box<br>Davi                             | 24/133<br>Lé, Honda 3   | 2022 APR 19 PI   |      |
|   | E-mail address: (i                           | City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code | Anal Cons ?  | 2011 |
| For further information co                                  | ncerning this matter, please care.           | a. <u>954</u> , <u>773</u>  | 2 - 1255<br>Telephone Number   |      |
| inclosed is a check for the                                 | e following amount:                          |   |  |      |
| 23 S25.00 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) |      |
| Mailina Addrase   |  | Street Address  |  |      |

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

| 0   | F  |
|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | Sufgue (6.3)  ny as it now appears on our records.)  Jability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000</u> 9.49  | were filed on $\frac{4//2020}{19}$ and assigned                        |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | restment Group, L-C  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | PD. BOX 291133<br>Davie, 91.33329                                      |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here:  | address on our records, <u>enter the name of the new registered</u>    |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   |  |
|   | 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> | <u>Name</u> | Address           | Type of Action |
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|                             | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                   |
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| (If an effe<br><u>Note:</u> | the date, if other than the date of filing:  |
| the record                  | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated_                      | Olpril 13 2022   |
|                             | - What can   |
|                             | Signature of a member of authorized representative of a member   |
|                             | Typed or printed name of signee  |