## h20000120966

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(Address)	300374376023
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(City/State/Zip/Phone #)	
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(Business Entity Name)	10/04/2101019016 **25.00
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## **COVER LETTER**

ration Sect on of Corpe	orations			
ELF BOUT	IQUES LLC		<u>,</u>	<u></u>
	Name of Limite	ed Liability Company		
rticles of A	mendment and fee(s) are subm	nitted for filing.		
l correspon	dence concerning this matter to	the following:		
	ADELPHE JOSIL			
		Name of Person		
		Firm/Company		
	8080 NW 27TH STREET			
	SUNRISE FL 33322	Address		
		City/State and Zip Code		
	ADELPHEJI@GMAIL.CO	M		
	E-mail address: (t	o be used for future annual	report notification)	
ormation co	oncerning this matter, please ca	dl:		
DSII.		. 0.	12-9579 _	
Name of	Person	Area Code	Daytime Telephone !	Number
check for th	ne following amount:			
iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	nclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
gistration by vision of C D. Box 632	Section Corporations 27	Regist Divisi The C	tration Section on of Corporations Centre of Tallahasse	e
	ormation constitution of Address of A lacorresponding Fee ling Fee	SUNRISE FL 33322  ADELPHEJI@GMAIL.CO  E-mail address: (to trimite of the following amount:  Name of Person  ELF BOUTIQUES LLC  Name of Limite of Name of Limite relationship in the submitter to	Name of Limited Liability Company  rticles of Amendment and fee(s) are submitted for filing.  I correspondence concerning this matter to the following:  ADELPHE JOSIL.  Name of Person  Firm/Company  8080 NW 27TH STREET  Address  SUNRISE FL 33322  City/State and Zip Code  ADELPHEJI@GMAIL.COM  E-mail address: (to be used for future annual formation concerning this matter, please call:  DSII.  Name of Person  Area Code  S555.00 Filing Fee Cortificate of Status  Certified Copy (additional copy is expected in the copy in the copy is expected in the copy in the copy is expected in the copy in the copy in the copy is expected in the copy in the copy in the copy in the copy is expected in the copy in	Name of Limited Liability Company  riticles of Amendment and fee(s) are submitted for filing.    Correspondence concerning this matter to the following:    ADELPHE JOSIL

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

21 OCT -1, PH 3: 09

DELF BOUTIQUES LLC (Name of the Limited Liability (A Florida L	Company as i	now appears on ou (Company)	r records.)	<del></del>
he Articles of Organization for this Limited Liability Corlorida document number 1.20000120966				and assigned
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	<u>ed liability (</u>	ompany here:		
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		mpany," the designat		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office add	ess on our recor	ds, <u>enter the na</u>	ne of the new registe
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>	Enter Florida s	treet address	
		City	, Florida _	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:

or removed to	OH var seem and		
MGR = Ma AMBR = Au	nager thorized Member	21 007 -4 194 3: 09	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
VP, AME	PAUL, DAVIDSON	8080 NW 27TH STREET	
		SUNRISE FL 33322	■Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			□ Change
			☐ Change

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLEASE RE	MOVE PAUL, DAVIDDSON AS AN AMBR AND VP OF THIS COMPANY PH 3: 09
F. Effective date (If an effective date Note: If the de	c, if other than the date of filing:  the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as facetive date on the Department of State's records.
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
TTURR	:MBER 30 2021
Dated	Signature of a member or authorized representative of a member
_	, Signature in a manufacture in a manufa
	Aby Phe JOS ( Typed or printed name of signee