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Registration Section

TO:

Division of Co	rporations	•	,	
	iture Boutique LLC		4	
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspondence	ondence concerning this matter	to the following:		
	Alexis N Jones			
		Name of Person	· · · · ·	
	Haute Kouture Boutique L	LC		
		Firm/Company		
	19082 nw 27th avc Apt 20	9		
		Address		
	Miami Gardens, FL 33056			
	alexisjones1227@yahoo.co	City/State and Zip Code		
		to be used for future annual report notific	cation)	20
For further information of	concerning this matter, please c	alt:		
Alexis N Jones		786 339-7375 at ()		- 5: - 5: - 7:
Name o	of Person	Area Code Daytime	Telephone Number	- 3 - ₩
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy is	ee, tatus &
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Ilahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	AMENDMENT O ORGANIZATION	20 St. 1 St. 25 St.
0	F	
Haute Kouture Boutique LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	ر بر الم
The Articles of Organization for this Limited Liability Company Florida document number L20000133706 This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	19082 nw 27th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Apt 209	
	Miami Gardens, FL 33056	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
200	, 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alexis N Jones	19082 nw 27th Ave Apt 209	= Add
		Miami Gardens, FL 33056	□Remove
			□Change
			□ Add
			□Remove
			Change
			DAdd
			□ Remove
		<u>.</u>	Change
			□Add
			□ Remove
			□ Change
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specific and cannot be is block does not meet the a	applicable statutory	or more than 90 days at	otional) fter filing.) Pursuant to 60 <u>1</u> this date will not be list	5.0207 ed as
record specifies a delayed effer is filed.	ective date, but not an effec	tive time, at 12:01 a	a.m. on the earlier of:	(b) The 90th day after	r the
ited		·			
ated May 28 Alus N					
ated May 28 Alex N	Senature of a member o	r authorized represent	ative of a member		