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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALL ANASSES FI ORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply Sassy Boutique LLC Name of Limited Liability Company
Name of Limited Liability Company
HALES STATES OF THE STATES OF
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Latarra Gaines Name of Person
Simply Sassy Boutique LLC
3672 Churchill Davis Dr.
Davie, FL 33328 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lot Tarra Gaines at (954) 199-9436 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Check payable. Certificate of Status Certified Copy (additional copy is enclosed) Of State
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	Ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2000178.76	were filed on October 27, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	Tutoring LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CI 30 AM 9 NOF CORFORA AMASSEE, FLOR
D. If amonding the registered agent and/or registered office a	address on our records enter the name of the new registered
B. If amending the registered agent and/or registered office a 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
	, Florida

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>	Name	Address	Type of Action
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Dated Oct	-o ber	27		202.	<u>></u> .						
	$> \alpha$	Signature	of a mo	inber or au	thorized rep	resentative o	if a member	-			_
					nted name						