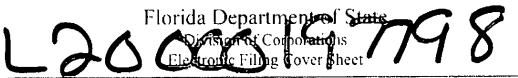
To: +18506176383

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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLL BUSINESS SOLUTION CORP

Account Number : 120190000092 Phone : (754)202-8663 Fax Number : (786)636-3620

Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.

Email Address: FLLBusiness@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAJESTIC ACCESSORIES LLC

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Page Count	05
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TO:

2022-02-22 04:07:31 GMT

From: Xianny Chinchilla 17866363620

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Registration Section

Page: 3 of 6

COVER LETTER

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Registration Section Division of Corporations The Centre of Tallahassee		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MAJESTIC ACCESSORIES LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000197798</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
A TU GUSTO MIAMI LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	5125 NW 116TH COURT			
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL. 33178			
Enter new mailing address, if applicable:	5125 NW 116TH COURT			
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL. 33178			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida Florida Florida Florida			
	City Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

Page: 4 of 6

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

To: +18506176383

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2022-02-22 04:07:31 GMT

17866363620

From: Xianny Chinchilla

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

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Title	Name	Address	Type of Action
MGR	ALEYNI PAZ LOZANO	5125 NW 116TH COURT	□Add
-		DORAL, FL. 33178	Remove
			Change
MGR	ALEXANDER PAZ RINCON	5125 NW 116TH COURT	∃Add
		DORAL, FL. 33178	□ Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
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			Change
			□Add
			□ Remove
			Change
			□ Remove
Н	22000068221 3		□Change

From: Xianny Chinchilla

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Page: 6 of 6

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