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(Reque	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only



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COVER LETTER

D: Registration Section Division of Corporations	
BJECT: The Dollbak Butique LL.C Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
RICCA MUNOS Person The Clolland Boutique Film/Company	
1070 goper tree street	
MSWHEFU 34753 City/State and Zip Code	
F-mail address: (to be used for future amount report notification)	
or further information concerning this matter, please call;	
RCCO MUVCCY at (50) 724 7058 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25,00 Filing Fee \$30.00 Filing Fee & \$55,00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

• • • •

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 OF

(Name of the Limited Liability (A Florada Li	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	031113130
This amendment is submitted to amend the following:	
	ed liability company here: ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE.	ESS)
Enter new mailing address, if applicable:	PH TO
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
		□Remove	
		<u></u>	□ Add
			□Remove
			Change
		□Remove	
			□Change
		□Add	
			Remove
			Change
			□Remove
			☐ Change

Page 2 of 3

(If an e <u>Note</u>	(optional) flective date 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 (3)(2). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
If the re (b) Th	e 90th day after the record is filed.
If the re (b) The Dated	
(b) in	
(b) in	