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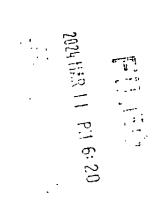
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
CUDICAT.	Princesa's B	eridal & More, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Ancelma Santamaria				
			Name of Person			
		Princesa's Bridal & More				
			Firm/Company			
		1350 Ute Street				
			Address			
		LaBelle, Fl. 33935				
			City/State and Zip Code			
		princesasbridal2023@gmail E-mail address: (to be used for future annual report no	tification)		
For further i	nformation c	oncerning this matter, please ca	all:			
Deisy Jaime	s		863 373-0722			
	Name o	f Person	at () Area Code Daytii	ne Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 B	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres gistration S		Street Address: Registration S	ection		
Division of Corporations P.O. Box 6327		Division of Co	Division of Corporations The Centre of Tallahassee			
	llahassee, I			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Princesa's Bridal & More, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	i <mark>ny as it now appears on our</mark> Liability Company)	records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 11/06/2020)	_ and as	signed
lorida document number L20000352788	·				
This amendment is submitted to amend the following	lowing:				
. If amending name, enter the new name o	of the limited liab	ility company here:			
Princesa's Boutique, LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbre	viation "l	L.C."
Enter new principal offices address, if applic	cable:	505 W. Hickpochee Ave	Suite 800		
Principal office address MUST BE A STREI	ET ADDRESS)	LaBelle, Fl. 33935			
		1350 Ute Street		-1	
Enter new mailing address, if applicable:		LaBelle, Fl. 33935	- <u> </u>	- P	
Mailing address MAY BE A POST OFFICE	(BOX)		· · · ·	2004 Hist	ويتويس
3. If amending the registered agent and/or	maniata nad a Maa		anton the name		1 1 3
gent and/or the new registered agent and/or	_	address on our records,	enter the name	ं हा सम्ह सह	W registe
				: 20	
Name of New Registered Agent:	Ancelma Santa	ımaria	<u>.</u> .	·	
New Registered Office Address:	1350 Ute Stree	t			
		Enter Florida stree	t address		
	LaBelle		, Florida ³³⁹³	5	
		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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date is ote: If the date	f other than the distribution of the date must be inserted in this blockive date on the Dep	e specific and k does not n	d cannot be pr neet the app	licable statut	iling or more	(op than 90 days aft quirements, th	er filing.) Purs	suant to 605.020' not be listed as
record specifies is filed.	a delayed effective o	late, but not	an effective	e time, at 12:	01 a.m. on t	he earlier of:	(b) The 90t	h day after the
March 1st			2024					
	<u> </u>		,	· ·		member		
Ac	icelma	gnature of a	member or an	thorized repri	esentative of	member		

Filing Fee: \$25.00