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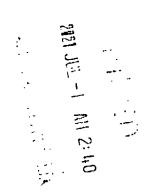
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kall Bouthque (CC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jonteria Hausabook
Kali Boutique (CC
35Kipton Circle
FOV+ MYES, FZ 33905 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jon terica Hougobook at (239) 839-4814 Name of Person Daytime Telephone Number Daytime Telephone Number
Enclosed 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

Nali Bothous (Name of the Limbed Liability Co	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L200035745}$	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3 Skipton circle Fort Myers, FC 33905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3 Skipton Circle Fort Myers, FC 33905
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice 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 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 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
AP_	Jonteria Hau	ogabook 35kipton Circl	l BAdd
		Egabook 35kipton Circle Fort Myers, Fl	33905 Remove
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ctive date, if ot	her than the date of filing:	(optio	nal)
: If the date inse	ed, the date must be specific and cannot be prior to date on this block does not meet the applicable s date on the Department of State's records.	e of filing or more than 90 days after statutory filing requirements, this	tiling.) Pursuant to 605.0 date will not be listed
	'		
	dayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	The 90th day after t
filed.			
d [6]23	124		
	Signature of a member or authorized	representative of a member	
1010	Heria Haudabrok		