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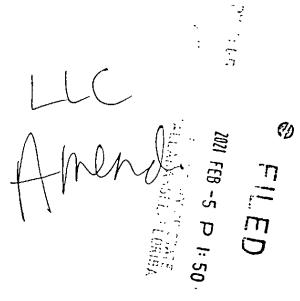
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Monsua Bout and LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ramona Bowens-Scott
MonSwai Boutique, HC
Ildo Westmoreland Circle
Kissimmee, FL 34744 Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ramona Bowens-Scott at (407) 501-3534 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution}\$ \$\$10.00 Filing Fee \$\times \text{Certificate of Status}\$\$\$\$ Certificate of Status \$\text{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 Clability C	Company as it how appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 2000 379 108</u> .	apany were filed on <u>December-3, 2020</u> and assigned
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	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
	3- :
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	## 5
	79-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice 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 Zyr 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 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
AMBR	Ramona C. Bowens-Scott	11010 Westmoreland Circle	_ LTAdd
		Kissimmer, Florida 34744	/ □Remove
			□Change
Mar	Cierra Crawford	I lele Westmoreland Circle	_ DAdd
			□Remove
			□Change
			□Add
			□Remove
		**************************************	□Change
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te: If the o	te, if other than the late is listed, the date mu date inserted in this b effective date on the E	lock does not	t meet the appl	icable statutory	or more than 90 filing requiren	(optional) days after filing. nents, this date) Pursuant to 605.020 will not be listed a
filed.	ifies a delayed effectiv						e 90th day after the
:d <u>62</u>	-63-2021 Rampora		., <u>2021</u>	·			
_	Kamona	- Haw	ens de	ott			
		Signature of	a member or au	thorized represent	tative of a memb	er	