## 120000385073

(f	Requestor's Name)
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PICK-UP	WAIT MAIL
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## DocuSign Envelope ID: 95AB23AB-1ECA-4DBF-AEAA-9598839E6FB5 COVER LETTER

TO:

TO: Registration Se Division of Cor			
	JESETTES BOUTI	QUE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		JESETTE ITURRINO	<u>.</u>
		Name of Person	
		JEZET CRYLX LLC	
		Firm/Company	
	8865 COMMODITY	CIRCLE STE 12	
		Address	
	ORLANDO FL 3281	9	
		City/State and Zip Code	
	_	YBSOLUTIONS.COM to be used for future annual report not	itication)
For further information c	oncerning this matter, please co		(Heatton)
JESETTE		407 749-1120	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 7 2415 N. Monro	1 affanassee be Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JES	ETTES BOUTIQUE LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 12/09/2020	and assigned
Florida document number L20000385073		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
JEZET CRY1	LX LLC	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the na	me of the new register
Name of New Registered Agent:		LINE -
New Registered Office Address:		782 78
	Enter Florida street address Florida	Til Coule 08
	City	Zip Code (C)
		F 74

## 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

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If amending Authorized rerson(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>	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \
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D. If amending any other informa	ition, enter change(s) here	е: <sub>(</sub> Анасп ааанюнаі sne	eis, ij necessary.)	
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. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	st be specific and cannot be prior lock does not meet the applic	able statutory filing require	(optional) 00 days after filing.) Pursuant to 60 ements, this date will not be lis	95.0207 (3)( sted as the
the record specifies a delayed effecti cord is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day aft	er the
Dated MAY 26	2023	<u> </u>		
	Jesette Ituria Signature of a member or auth			
	Signature of a member or auth	orized representative of a men	iber	
JESETTE ITURRINO	/ MANAGER			
	Typed or print	ed name of signee		

Filing Fee: \$25.00