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BOUTIK LLC) v .	. · · .	v ·	
Name of Limit	ted Liability Company			
Amendment and fee(s) are subr	nitted for filing.			
ROSE L ELIPHAR				
	Name of Person		2023 N	
**	Firm/Company		DV -1	Lacina entra
1590 LA MADERIA DR S	W		7.55 7.55	
	Address		13.	
PALM BAY FL, 32908			F 19	
	City/State and Zip Code			
E-mail address: (to be used for future annual report notificat	ion)		
oncerning this matter, please co	ali:			
	954 937-3444			
f Person	Area Code Daytime Te	lephone Number		
he following amount:				
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status & Copy	
<u>ss:</u> Section				
Corporations	Division of Corpor	rations		
	Porations BOUTIK LLC Name of Limi Amendment and fee(s) are subtendence concerning this matter to ROSE L ELIPHAR 1590 LA MADERIA DR S PALM BAY FL, 32908 E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter. Please concerning this matter of Status Section	POUTIK LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ROSE L ELIPHAR Name of Person Firm/Company 1590 LA MADERIA DR SW Address PALM BAY FL, 32908 City/State and Zip Code E-mail address: (to be used for future annual report notificat concerning this matter, please call: In 1954 Area Code Daytime Te the following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) SEE Section Corporations Street Address: Registration Section Division of Corporations	BOUTIK LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ROSE L ELIPHAR Name of Person Firm/Company 1590 LA MADERIA DR SW Address PALM BAY FL, 32908 City/State and Zip Code E-mail address: (to be used for future annual report notification) concerning this matter, please call: 10	BOUTIK LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing, indence concerning this matter to the following: ROSE L ELIPHAR Name of Person Firm/Company 1590 LA MADERIA DR SW Address PALM BAY F1, 32908 City/State and Zip Code E-mail address: (to be used for future annual report notification) oncerning this matter, please call: at (1) 954 937-3444 Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) See: Section Registration Section Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LOULOUS BOUTIK		
(Name of the Limited Liability Compa (A Florida Limited)	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000000194	were filed on 12/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	202:
MESSIAH EPIC NURSING ACADEMY LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1590 LA MADERIA DR SW	
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY FLORIDA 32908	rose I
		2: +9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	5 0	
	Enter Florida street address	
	, Florid:	
	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	<u>Address</u>	Type of Action
AMBR	ETONY ELIPHAR	1590 LA MADERIA DR SW	≅Add
		PALM BAY FL, 32908	□Remove
			Change
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	date must be specific a	and cannot be prior to a	le statutory filing req	uirements, this dat	g.) Pursuant to	o 605.020' : listed as
Effective date, if other the substitution of t	on the Department of	f State's records.				
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If an effective date is listed, the Note: If the date inserted i document's effective date of the record specifies a delayed rd is filed.	on the Department of	f State's records.			The 90th day	after the
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