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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations	v v v v v v v v v v v v v v v v v v v	e B
subject: <u>Shac</u>	dy Wear Boo Name of Lim	(イワルモ	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	TICKEA	H HOLMES Name of Person	
	Shady b	Mar BOUTIQUE Firm/Company	
	9207	Hilltor MEADOW Address	LOOP #201
		FLOR I DA 3367 City/State and Zip Code	
	E-mail address:	n E5 + nw @ gmail. to be used for future annual report notif	COM
For further information co	ncerning this matter, please ca	all:	
TICKEAH 1	HOLMES	at (<u>8/3</u>) <u>693</u> Area Code Daytime	-0786
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	: following amount:		
☐ \$25.00 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)

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

SHADY WEAR	BOUTIQUE	LLC			
SHADY WEAR Name of the Limited Liability (A Florida I	Company as it now appears on Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L2/0000/336/</u>	ompany were tiled on/_/	4/2021	<u>/</u> :	and assig	neá
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
TKEAH NICHOLE COU	LECTIONS LL	C			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	ation "LLC" or th	he abbrevia	ation "L.L.	C."
Enter new principal offices address, if applicable:					<u>_</u>
(Principal office address MUST BE A STREET ADDRE	<u></u>			<u>~</u> _	
			** (1) *** (1)	123	
			<u> </u>	EC	ا تا مىلانىت مىلەنىدە
Enter new mailing address, if applicable:				5	1]
(Mailing address MAY BE A POST OFFICE BOX)				p.	ე 8 (I
	-			25	Arms.
		-	-	28	
	office address on our recor	ds, <u>enter the r</u>	name of i	the new :	registered
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida st	reet address			
		, Florida	·		
	City	were filed on $\frac{1/4/202/}{}$ and assigned			

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
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