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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations	-	
SUBJECT:	A Secret Name of Lin	LUXUU BO ited Liability Company	utique LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ardina The Secr	Name of Person At Luxury Firm/Company	Boutique LLC
	13426	Hather-ton (Circle
	Orlando	Fl 32832 City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)
Name o	of Person	at ()	: Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	My DOUT QUE 1	LC
(Name of the Limited Liability Compan (A Florida Limited Li	lability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>LZ1D005012</u> .	were filed on 01/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The Secret Luxury The new name must be distinguishable and contain the words "Limited Liability"	Boutique UC	brovistion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13426 Hather Orlando, FI =	ton Cricle
	1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13426 Hathert	on Circle
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
		. i : i
Name of New Registered Agent:		<u>ි</u>
New Registered Office Address:		
CONTRACTOR AND A CONTRA	Enter Florida street address	. roj
	, Florida	100 100
	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 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	A .—	Address			Type of Action
<u>MG</u> L	Ardine	Paul-Inomas	13426	Hatha	erton Cir	⊡Add
		Paul-Thomas	Orland	O,FI	32832	XRemove
				 		□Change
						□Add
						□Remove
				· · · · · · · · · · · · · · · · · · ·	*******	□Change
						□Add
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				·		□Change
						□Add
			•			□Remove
						Change

Per request: Effectively	
?lease remove	
Ardine Paul-Thomas	
	
	
	-
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.	605.0207 (3)(E listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a record is filed.	fler the
Dated August 26 2021.	
Signature of a member or authorized representative of a member Avding P. Thomas Typed or printed name of signee	

Filing Fee: \$25.00