KZ1000057222

	_	
(Red	questor's Name)	
(Add	dress)	
76.1	\	
(Add	dress)	
(Cit	y/State/Zip/Phone #	F)
PICK-UP	☐ WAIT	MAIL
	aliana Fatin Alama	,
(Bu:	siness Entity Name	7)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
	_	
Special Instructions to	Filing Officer;	

Office Use Only

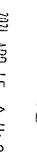
-0



500364024565

04/15/21--01019--016 **25.00

2021 APR 15 A 11: 05



 G_{i}

COVER LETTER

Division of Corporations				
SUBJECT: Laura Couture	LLC			
Name of Limite	ed Liability Company			
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.			
Please return all correspondence concerning this matter to	the following:			
Laura (Name of Person			
	Firm/Company			
1629 ne 3rd	Address			
Bornton Be Laura Oliv	each Fl 3343 City/State and Zip Code Vares 03306(r	35 ng:1		
E-mail address: (to	be used for future annual report notification	on)		
For further information concerning this matter, please call	l :			
Laura Divares Name of Person	at (970) 370 - 1° Area Code Daytime Tele	SUS ephone Number	_	
Enclosed is a check for the following amount:				
52 \$25.00 Filing Fee	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Standard Copy (additional copy is	Status &	
			1707	G)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	ntions hassee reet, Suite 810	APR 15 A 11:05	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears o lability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup 2\) \(\cdot \c	were filed on MC	arch 10, 201	21 and assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here	:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desi	gnation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		 		
(Mailing address MAY BE A POST OFFICE BOX)	distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." al offices address, if applicable: [dress MUST BE A STREET ADDRESS] address, if applicable: [AY BE A POST OFFICE BOX] e registered agent and/or registered office address on our records, enter the name of the new registered ew registered office address here: New Registered Agent:			
B. If amending the registered agent and/or registered office a	ddress on our rec	ords, enter the nam	ie of the new re	gistered
agent and/or the new registered office address here:				
Name of New Registered Agent:		***************************************		
New Registered Office Address:				
	Enter Florida	i street address		
	City	Florida	Zin Codo	— <u>,</u>
New Registered Agent's Signature, if changing Registered Agent:	Cay		zip Code 202	B
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	y duties, and I am f apter 605, F.S. Or,	ree to comply w familiar with ar if this documer	nd 🚾

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

Title	<u>Name</u>	Address	Type of Action
AMBR.	Laura Olivares	1629 Ne 3rd St	□Add
		Boynton Beach Fl 33435	□Remove
		35435	DChange
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			<i>7</i> .
			Remove
			Change C
			APR BChange April Add D
			Remove

			-		
	- 				
					
· · · · · · · ·	.				
 • •			,		
	··· <u></u>				
•					
·					
····-					
					
ffective date, if	other than the date of	filing:	_	(optional)	
an effective date is fote: If the date i	fisted, the date must be specifinserted in this block does	ic and cannot be prior to dat not meet the applicable:	te of filing or more than 90 di statutory filing requireme	ays after filing.) Pursuant	to 605,0207 (ne listed as t
ocument's effect	ive date on the Department	t of State's records.			
	a delayed effective date, bu	it not an effective time, a	at 12:01 a.m. on the earlie		
				7071	7021
d is filed.		フィコ		حج.	
d is filed.	irch 10			72	
l is filed.	irch 10	\land\land\land\land\land\land\land\land		PA I	17
record specifies a d is filed. Dated	Jan	a (?	representative of a member	ZULI APR 15 A	- ;7 - ;7