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COVER LETTER

TO: Registration Se Division of Cor			
Luxe & Gr	ace Boutique LLC		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emily D Smith		
		Name of Person	
		Firm/Company	
	2319 S. Hwy 77 #1855		
	Lynn Haven, Florida 3244	Address	
	Lynn Haven, Florida 3244	City/State and Zip Code	·
	luxeandgraceboutique@gma		ification)
For further information of	concerning this matter, please ea		
Emily D Smith		850 8329256 at ()	
Name o	of Person	at ()	ne Telephone Number
Encloyed is a check for t	he following amount:		
図 \$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		<u>Street Address:</u> Registration Se	ection
Registration Division of C		Division of Co	
P.O. Box 632	•	The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Luxe & Grace Boutique LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number L21000069460	were filed on $\frac{02/09/2021}{}$ and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2319 S. Hwy 77
Principal office address MUST BE A STREET ADDRESS)	#1855
	Lynn Haven. Florida 32444
Inter new mailing address, if applicable:	2319 S. Hwy 77
Mailing address MAY BE A POST OFFICE BOX)	#1855
	Lynn Haven, Florida 32444
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	emer vioriaa sireet aaaress
	, Florida
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>	<u>Name</u>	Address	Type of Action
MGR	Angela L Bradley	427 S. Palo Alto Avenue	
			Remove
		Panama City, Florida 32401	□Change
			□Add
			Remove
			Change
			□Add
			Remove
		·	□Change
			□Add
			Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	Angela L. Bradley is to be removed
_	from all aspects of this LLC.
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an eff iote:	ive date, if other than the date of filing: OFTI 202 (optional) fective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
Fecor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
l is fi	Opril 21st . 2021.
is fi	Opil 21 # . 2021 Emil D. Smith Significant of a member or authorized representative of a member

Filing Fee: \$25.00