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COVER LETTER

TO:

	GY DESIGN LLC	•	**************************************
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	•
Please return all correspondent	ondence concerning this matter	to the following:	
	MARIA CLAUDIA LAB	ANDERA	
		Name of Person	
Division of Corporations CLAU & GY DESIGN LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: MARIA CLAUDIA LABANDERA Name of Person Firm/Company 1825 S OCEAN DR 806 Address HALLANALE BCH FL 33009 City/State and Zip Code LABANDERA38@HOTMAL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ARIA C LABANDERA Name of Person Area Code Daytime Telephone Number Closed is a check for the following amount: \$\frac{1}{2}\$ \$25.00 \text{ Filing Fee} \text{ \t			
		Person Address: Certificate of Status & Certificed Copy (additional copy is enclosed) Sireet Address: Registration Section Division of Corporations Page Address: Registration Section Division of Corporations Page Address: Certificate of Status & Certificat Copy (additional copy is enclosed) Person Registration Section Division of Corporations	
	HALLANALE BCH FL 3	3009	
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	-		tification)
For further information of		-	meaton)
MARIA C LABANDER	A		
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
		The Centre of	Tallahassee
Tallahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLAU & GY DESIGN LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on FEBRUARY 15, 2021	and assign	ned
Florida document number 1.21000077852			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
CLAU BOUTIQUE LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	obreviation "L.1C	3.30
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)			
3. If amending the registered agent and/or registered office ad	dress on our records, enter the nam	e of the new ro	egis
gent and/or the new registered office address here:	-	- 3	
Name of New Registered Agent:		÷ :	
		22	
New Registered Office Address:	11 . 22		·
	Enter Florida street address		
	, Florida		
	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>	<u>Name</u>	Address	Type of Action
MGR	GINA ICARDO	1430 SANDPIPER CIRCLE	□Add
		WESTON FL 33324	_
			□ Change
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ffective date, if oth an effective date is listed Note: If the date inser	 the date must be speci ted in this block does 	ific and cannot be position in the cannot be proposed in the cannot be appropriately and the cannot be proposed in the can	licable statutory	or more than 90 days a filing requirements,	ptional) ifter filing.) Pursuant to this date will not be	o 605.0207 : listed as
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·	Signature	of a member or au	thorized represent	ative of a member		-
BAATITA ZIT	Signature ABANDERA	of a member or au	thorized represent	ative of a member		-