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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busii	ness Entity Nam	ne)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

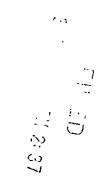




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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Pe	tite Life Boul	tique LLC	·
	Name of Lim	ited/Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jacqueline 7	ierre	
	0	Name of Person	
		Firm/Company 0\0	d address 113 Fern Osharler Bhol Jorin Lauderdelle, F1 33068
	1226 1156	The Many N	Jorith Lauderdale, F1 33068
	1324 N.E.E	Address	
	Ft. Lauderdal	City/State and Zip Code	
	pierre@ochlel	ife boy tique, com to be used for suffer annual report not	itication)
			meanon,
For further information c	oncerning this matter, please ca	111;	
Jacqueline +	ierre	at ( <u>786</u> ) <u>797</u> 6 Area Code Daytin	9.808
U Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Sectificate of Status &
		(additional copy is enclosed)	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

(A Fiorida Limited L	давину Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2   000 9 42 40</u> .	were filed on February, 25 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1326 NE. 5th Terroce Fort Landerdale, Fl 33304
(Principal office address MUST BE A STREET ADDRESS)	port cual radic production
Enter new mailing address, if applicable:	1326 NE 5th Terrace
(Mailing address MAY BE A POST OFFICE BOX)	1326 NE 5th Terrace Fort Lauderdale, F1 33304
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
N. D. C. B. C. C. C. C. C. D. C.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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	Jacqueline Pierre	1326 NE. 5th Terrace	🖸 Add
	·	F. landerdale, Fl 33304	□Remove
			Change
AMBR Jacqueline	Jacqueline Pierre	1326 NE 5th Terrace	DAGG
		Fl. Landerdale, Fl 33304	□Remove
			□ Change
AMBR	1BR Gregory Pierre 1320	1320 NE 5th Terrace	□Add
		II. landerdale, F1 3330/	DRemove
	_		□ Change
MGR Gregory Pierre	1326 NE 5th Terrace	🖳 🖽 🗸 dd	
		Fl. lauderdeile, Fl 3334	□ Remove
			□ Change
			□Add
			□Remove
			Change
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			□Remove
			□ Change

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fective date, if other than the date of filing:	) Pursuant to 605.020 will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The is filed.	e 90th day after the
	~ <u>`</u>
$\frac{1}{202}$ .	.: 5
$\sim 00$	
$(\ \ \ \ \ \ \ \ \ \ \ \ )$	~ 1
Signature of a member or authorized representative of a member  Tacqueline Pierre  Typed or printed name of signee	<u></u>

Filing Fee: \$25.00