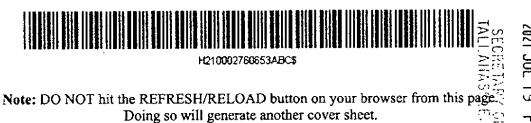
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000276065 3)))



To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007

: (786)845-8854

Fax Number

: (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Jessica: tomos (ataxearcinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PACKAGING BOUTIQUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Help

COVER LETTER

TO:	Registration Section Division of Corpor				
		BOUTIQUE LLC			
SUBJE	ECT:	Name of Lin	nited Liability Company		
The en	closed Articles of Am	nendment and fee(s) are sub	omitted for filing.		
Please	return all corresponde	ence concerning this matter	to the following:		æ
		Jessie Tox 0	Name of Person	100	NELAHASSER NELAHASSER
		- rac C	are Celebrat Firm/Company		3 ₽
			107th ave 5		PH 1:44
		Sweetwa Jessica, E-mail address:	City/State and Zip Code City/State and Zip Code Come to take of the code of	LICING COM	
For fu	rther information conc	cerning this matter, please of			
J	PSSICA TO Name of Pe	erson	at (786) 84 Area Code Day	5-8854 time Telephone Number	
Enclos	sed is a check for the t	following amount:			
\$ 2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status &
	Mailing Address: Registration Sec		Street Address Registration Division of 6	Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

PACKAGING BOUTIQUE LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 02/25/2021 and assigned
lorida document number L21000094838	
his amendment is submitted to amend the following:	
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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	4897 W Waters Av Ste F.
Principal office address MUST BE A STREET ADDRESS)	Tampa Florida 34638
	4008 NAW . A G. E
nter new mailing address, if applicable:	4897 W Waters Av Ste E
Mailing address MAY BE A POST OFFICE BOX	Tampa Fl 34638
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 regist
ent and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	F. or Florida and Albert
	Enter Florida street address
	, 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 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
AMBR	Julieta Aristizabal	3988 Wisdom Trail	
		Land O Lakes F1 34638	■Remove
			□ Change
AMBR	Juliana Ruiz Aristizabal	4897 West Waters Av Ste E	<u></u> ≅ i Add
		Tampa Florida 34638	□Remove
			Change
			□ Add
			□Rешоче
			ClAdd
			□Remove
			Change
			🗆 Add
			□Remove
			☐ Change

			□Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		_	
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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.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	rsuant to 603 not be list	5.0207 (3) ted as the	ν(b) •
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 cord is filed.	th day afte	r the	
Dated July 16 , 2021			
Catalula Catalo Signature of a member or authorized representative of a member			
Catalina Catano			
Typed or printed name of signee			

Filing Fee: \$25.00