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(Requ	estor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ladies Favorte Bourgue UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Showertell Smith
Firm/Company
208 Coble Dr
Address Tallaha SSee FL 32301 City/State and Zip Code
E-mail address: (to be used for futtire annual report notification)
For further information concerning this matter, please call:
Shauntell Snith at (850) 228.0809 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S S55.00 Filing Fee S S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status S Certified Copy (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

(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appears on ou ability Company)	ir records.)		
The Articles of Organization for this Limited Liability Company of Horida document number L2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	were filed on 34	9091	and assi	gned
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 Liabil	ity Company," the designa	tion "LLC" or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:		<u>.</u>		
Principal office address MUST BE A STREET ADDRESS)			3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 39 PHI2: 18	1 Total Control Contro
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the n	name of the ne	w register
Name of New Registered Agent:			···	
New Registered Office Address:	Enter Florida s	strees address		
		, Florid:		
	City		Zip Cocie	<u>:</u>

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, Thereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

$AGR = M_3$ $\Delta MBR = A_1$	nnager ithorized Member		
<u>[itle</u>	<u>Name</u>	Address	Type of Action
AMBR	Shauntell Smith	108 Coble Dr.	X Add
		Tallahassee, FL 32301	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
	•		□Change
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Note: If the dat	e inserted in thi	the date of filing: must be specific and c s block does not me e Department of St	of the approacte at	of filing or more than nutory filing requir	(optional) 90 days after filing.) Purs ements, this date will	uant to 605.020 not be listed as
e record specific rd is filed.	s a delayed effe	ctive date, but not a	in effective time, at	12:01 a.m. on the 6	earlier of: (b) The 90	th day after the
Dated <u>Apri</u>	el a	intel ()	2021 Inch	composentative of a m	ember	
		Signature of a r	nember or authorized	epresentative or a m	CingCi	