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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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BECEIVE

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/05/2021	-				⇔WALK IN⇔
ENTITY NAME LILI A	LLURE DESIGNS, LI	LC			
DOCUMENT NUMBER_	L21000110955				
	**PLEASE FILE TR	HE ATTACH	ED AND RETURN*	•	
xxxx	Plain Copy				
	Certified Copy Certificate of Status				
	PLEASE OBTAIN THE P Certified Copy of Arts Certificate of Good Sta	is & Amendme		V777Y**	
	**APOSTILLE' / N	VOTARIAL	CERTIFICATION'	**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA					
TOTAL OWED \$25.00)		ACCOUNT #: 12		<u> </u>
Please call Tina at th	he above number for	any issues	2		much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lili Allure Designs LLC				
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000110955}{1.21000110955}$	were filed on 03/08/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	11352 West State Road 84	s >		
(Principal office address MUST BE A STREET ADDRESS)	Suite 154	D21 TAL		
	Davie, FL 33325			
Enter new mailing address, if applicable:	11352 West State Road 84	-5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 154 Davie, FL 33325	<u>ω</u> ω ω		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter</u>	the name of the new registere		
	Enter Florida street address			
		orida		
	City	Zip Coae		

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	Lilibeth Triana	11352 West State Road 84	□Add
		Suite 154	□Remove
		Davie, FL 33325-3613	≘ Change
			□Add
			SEC Aghanger
			HASSEES AND Remove
			DChange
			□Add
			□Change
			□Add
			Remove
			Change
			□Adđ
			Remove
			□ Changes

	/s/ Lilibeth 7 Signature of a	<i>riana</i> member or authori	red representative	of a member			
August 05		. 2021	. •				
record specifies a delayed effe f is filed.	ective date, but no	t an effective time	e, at 12:01 a.m. c	on the earlier of: (b	The 90t	h day a	fter the
ffective date, if other than an effective date is listed, the date iote: If the date inserted in thi ocument's effective date on the	must be specific an is block does not a	d cannot be prior to meet the applicab	date of filing or m le statutory filing	(option of the control of the contro	filing.) Purs	uant to (not be l	605,0207 (listed as t
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Filing Fee: \$25.00