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21 MAY 10 PM 3: 15

COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: Step	pin DUH Bor Name of Limi	HQUE LLC	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Sherena	S HUVING Name of Person	
		Firm/Company	
	425 NW L	XXL CHI AVE. F	tpt. 101
	Lake City	FL 32055 City/State and Zip Code	
	Shevenaher E-mail address: (t	VINGEGMALL. C	DM lication)
For further information co	oncerning this matter, please ca	ill:	
Sherena S	Herring	at (<u>380) 400 s</u> Area Code Daytime	c Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

21 MAY 10 PM 3: 15

Steppin Out Boutique LC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 1 202, and assigned Florida document number 2 1000 17154.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending or removed	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the titl</u>	le, name, and address of e	ach person being added	
MGR = Manager AMBR = Authorized Member		Address 21 MAY 10 PA 3: 15			
Title	<u>Name</u>	Address	21 MAY 10	Type of Action	
AMBR	Veronica Collins	3875 NW 1	Huntsbord st. Ap	t. 101 12 Add	
		Lake un	Huntsbord st. Ap 1,F132065	□Remove	
		_			
				□Add	
				Remove	
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	·	<u>.</u>		□Add	
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		<u> </u>		Remove	
				Change	
				□Add	
				Remove	
				□Change	

E. Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated April 27 . 2021.
Shull Signature of a member or authorized representative of a member
Sherena S Herring Typed or printed name of signee

Filing Fee: \$25.00