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COVER LETTER

TO:	Registration Section Division of Corporations					
	Antoine En	terprise LLC				
SUBJE	ECT:		ited Liability Company			
		Name of Chin	ned Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Carolyn Pierre-Antoine				
			Name of Person			
		Antoine Enterprise, LLC				
			Firm/Company	 		
		21171 San Simeon Way Apt 311				
			Address			
		North Miami Beach, Fl 33	179			
		City/State and Zip Code antoinecarol27@yahoo.com				
		•	to be used for future annual report not	ification)		
For fur	ther information co	oncerning this matter, please ca	all;			
Caroly	n Pierre-Antoine		786 543-9741			
	Name of	Paren	at () Area Code Davtin	ne Telephone Number		
	Name of	Terson	Area code Daytin	ie retephone Number		
Enclose	ed is a check for th	e following amount:				
≡ \$2:	5.00 Filing Fee	☐ \$30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antoine Enterprise		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
Accessory Sistas LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Time office data cos most be mistre.	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	POVI	
maung address MAT DL AT OST OFFICE		
	*************************************	702
B. If amending the registered agent and/or	registered office address on our rec	cords, enter the name of the new registered
agent and/or the new registered office addre	ess here:	FR 7 1
Name of New Registered Agent:	Carolyn Pierre-Antoine	No chase B
New Registered Office Address:	21171 San Simeon Way Apt 311	3: 59 3: FL
	Enter Floria	a street address
	North Miami Beach	, Florida 33179
	City	Zin Code

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 inanage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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(If an effe <u>Note:</u> I	tive date, if other than the date of filing:
he record ord is file	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 d.
Dated _	1) Ctuber 4 2021
	Signature of a member or authorized representative of a member
	Carolyn Pierre-Antoine