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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	JUN 28 2022	
	A. LUNT	

Office Use Only



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2022 MAY -4 AMIN: 17

COVER LETTER

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TO:

TO: Registration So Division of Cor			
Lola Bunni	ie Boutique ししこ		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aschli Victoria		
		Name of Person	.
	Lola Bunnie Boutique	LLC	
	——————————————————————————————————————	Firm/Company	
	4014 Promenade Square	e Drive	
		Address	
	Orlando / Florida/ 32837		
		City/State and Zip Code	
	Lolabunnieinc125@gmail		
	E-mail address: (to be used for future annual report not	diffication)
For further information c	oncerning this matter, please e	all:	
Aschli Victoria		732 423-2493	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	rl 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lola bunnie F	Soutrave L	LC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company Florida document number L21000201100	were filed on April 6,2022	2 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1317 Edgewater Drive				
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32804				
	Suite #4067				
Enter new mailing address, if applicable:	90 E Cherry St				
(Mailing address MAY BE A POST OFFICE BOX)	Rahway, NJ 07065				
	Apt 1B				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	enter the name of the new registere			
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida street o	uddress			
		, Florida			
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			⊡Add
			□Remove
			Change
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April 6	2022	,					
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ated April 6	2022 - 2022 gnature of a member or	authorized re	Jacobson December 1981	a member	<u>}</u>		

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Filing Fee: \$25.00