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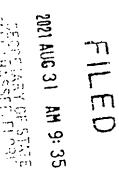
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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amend



Sept 1 2021 A RAMSEY

COVER LETTER 3

Division of Corp			Δ
SUBJECT: 3	5 boutique	ACI (LC ed Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Areria	MOTIC THOM Name of Person	pen
	305 bout	TOUL LLC Firm/Company	
	1200 flore	al Spring's b	101 Hinu bul
	Part-oran	DE FL 3212 Cit/State and Zip Code	9
	Anclia 26 E-mail address: (to	be used for future annual report notific	cation)
For further information co	ncerning this matter, please cal		,
Arekia T Name of	Person	at () 3050 Area Code Daytime	7049832 Telephone Number
Enclosed is a check for the	e following amount:		
\$25,00 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
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

FILED

(A Fic	orida Limited Liability Company)	HASSES PLANTS
The Articles of Organization for this Limited Liabilit	ry Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following	ì.	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 flor Unit 7101 FL 32125	al Springs blud Port Orange
B. If amending the registered agent and/or registered agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:	trekia marie 1	Jujon
New Registered Office Address: 13	300 HO(al Sprid Enter Florida stree	ngs blvd unit 7101
<u>Ç</u>	brt orange	, Florida <u>32129</u> Zip Code
Now Desistand Assetts Signature if shoughs Basist	torod Agents	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
mer_	Anekia Marie Dujon	1200 Floral Springs Blvd Unit 7101, Port Grange FL 32129	_ □Add
			□Remove
			_ 🔀 Change
			□Add
			🖸 Remove
			□ Change
			□Add
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W-1-2-			□Add
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-	Larging Transpoon to Dujon
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(If an effe Note: 1	date, if other than the date of filing:
he record ord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	08/24 2021
	Arckiantife Defen Typed or protect name of signee

Filing Fee: \$25.00