L21000319880

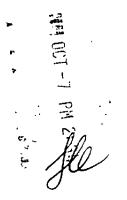
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400373164094

10/07/21--01012--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WENT) AS BOX Name of Limite	TO DE (LC
The enclosed Articles of Amendmen	nt and fee(s) are submi	tted for filing.	
Please return all correspondence cor	ncerning this matter to	the following:	
	Wero	a Joseph Name of Person	<u> </u>
		Firm/Company	
90	IN DIX	ic Hwy Su	te#4
Lai	Keworth	h Beach FC City/State and Zip Code	33460
	E-mail address: (to)	be used for future annual report no	tification)
For further information concerning t	this matter, please call:		
Name of Person	seph_	at (<u>561</u>) <u>37</u> Area Code Daytin	7/89 7-33 ne Telephone Number
Enclosed is a check for the following	g amount:		
	00 Filing Fee & tificate 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		<u>Street Address:</u> Registration So	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	.
The Articles of Organization for this Limited Liability Company Florida document number <u>21000319880</u> .	were filed on <u>JUIY 13</u>	1 . <u>2021</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	901 N DIXICH Cake worth B 33460	twy guite#4 leach FL,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	901 N Dixic- Suite#4 Lake FC, 33460	Hwy Worth Beach
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		1
New Registered Office Address:	Enter Florida street address	P P 2
	, Florida	α <u>ω</u>
	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

<u>Title</u>	Name	Address	Type of Action
CEO/ou'	Wends Joseph	Address 4172 Gardenia AU e Lake Worth FL, 33461	Add
•			□Remove
			□Change
			□Adđ
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etive date, if other than the date of f effective date is listed, the date must be specifi If the date inserted in this block does r iment's effective date on the Department	not meet the applic	able statutory fil	more than 90 days a ing requirements,	ptional) offer filing.) Purse this date will i	uant to 605 iot be liste
ord specifies a delayed effective date, but filed.	t not an effective t	ime, at 12:01 a.m	. on the earlier of	(b) The 90tl	ı day afte
10/2/2021		:a		7	
	L brown	ax	beja		

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE Date: 10-7-21

RECEIVED FROM: Wenda Joseph

the sum of Wenda Joseph

For the following: Amendment - Wendas Boutique UC

Dice-4500453-48-3544-755
DEPOSIT ONLY 25,000

Show the sum of the following: Amendment - Wendas Boutique UC

Dice-4500453-48-3544-755
DEPOSIT ONLY 25,000

Show the sum of the following: Amendment - Wendas Boutique UC

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DEPOSIT ONLY 25,000

Show the sum of the following: Amendment - Wendas Boutique UC

Dice-4500453-48-3544-755
DEPOSIT ONLY 25,000

Show the sum of th

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.