KZI 000514550

(Re	equestor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer J DENN	ils
	FEB 147	2023
	R 12	127/22

Office Use Only



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SECUTOR DOPEN NO 140

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: \\\E	NDASBOUTI	QUE LLC uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_ Ward	a Jacob Name of Person	
	INENDAS	BUTIQUE !	LL(<u>'</u>
	26013.N	Address Address	9
	IXICST PO	Im Beach F City/State and Zip Code	1,33415
	E-mail address: (SOUTH CUT (CUC) to be used for funder annual reports	otification)
For further information co	oncerning this matter, please ea	ali:	
Name of	Person	at (514) 37 Area Code Days	7-7189
Enclosed is a check for th	e following amount:		
.2/825.06 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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

INENDHSBOUTIGUELLC

and assigned or the abbreviation "L.L.C."
or the abbreviation "L.L.C."
or the abbreviation "L.L.C."
or the abbreviation "L.L.C."

he name of the new regis
ridaZip Code
Zip Code
Zip Code

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 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
14R AMBR	Menda Joseph	4274 Coventry	XIAdd
	•	Pointe Way, Loike	□Remove
		Worth FL, 33461	□Change
AMBR	Carlos Perez	2927 Stanian A	CA dd
		Lake Warth FL	□Remove
		33461	□Change
			□ Add
			□Remove
			(I)Change
			🗆 Add
			□Remove
			'II Change
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Note:	the date, if other than the date of filing: (optional) ctive date is listed the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(1) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the out's effective date on the Department of State's records.
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	Movember 9th 2022. Signature of a member or authorized representative of a member
	- Xlench Ise Typed or prilled name of signee