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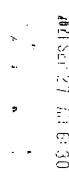
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O SIMMONS OCT 04 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: REDS BOUDIOR LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marcia Morris Name of Person
REBS BUUDIOR LLC.
322 N 10th Street WAYDYMAN
Fortpierce Florica 34950 City/State and Zip Code
Marciamoms 1986 Cyahalan E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcia Morris at (772) 940-4228 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 20101 27 71 6:30

REDS BOUDIOR (Name of the Limited Liability	y Company as it now appears on our records.) Limited Liability Company)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned
Florida document number	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 #21 St. 27 M 6: 30 Address

Type of A

322 north lutb Street Florda Dadd <u>Title</u> **Type of Action** Name Marcia Maris AMBR □Remove _____ Change □Remove □Remove □ Change _____ □Remove _____ □Change bbA□ □Remove _____ Change

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(If an eff	ive date, if other than the date of filing: September 2014 (optional) ective 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)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	September 22nd, 2021. Signature of a member or authorized representative of a member
	Marcia Morns Typed or printed name of signee

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Filing Fee: \$25.00