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(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		10/21/21 TM

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COVER LETTER

TO: Registration S Division of Co		9	
	Boutique, LLC		• •,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Tiffany Harris		
		Name of Person	
	SheCute Boutique, LLC		
		Firm/Company	
	8631 Nw 52nd St.		
		Address	
	Lauderhill, Fl 33351		
		City/State and Zip Code	
	shecuteboutique@outlook.c		
		to be used for future annual report no	tification)
For further information	concerning this matter, please of	all:	
Joel Charles		954 947-9525 at ()	
Namo	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addı</u> Registratio		Street Address: Registration S	ection
	Corporations	Division of Co	
P.O. Box 63	327	The Centre of	Tallahassee
Tallahassec	, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 007 12 PH 3: 18

SheCute Boutique, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on Sep. 27th, 2021	and assigned
This amendment is submitted to amend the following:		
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 "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRES</i>		
Principul office unuress MOST DE A STREET ADDRESS		
Enter new mailing address, if applicable:	8631 Nw 52nd St.	
(Mailing address MAY BE A POST OFFICE BOX)	Lauderhill, Fl 33351	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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		Address 21 007 12 FM 3: 18	
<u>Title</u>	<u>Name</u>	Address 21 007 12 FM 3: 18	Type of Action
MGR	Joel Charles	8631 Nw 52nd St.	≣ Add
		Lauderhill, Fl 33351	□ Rсточе
			Change
MGR	Tiffany Harris	1208 Nw 18th Ave.	🗏 Add
		Ft. Lauderdale 33311	□Remove
			□Change
			DAdd
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□Remove

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Typed or printed name of signee