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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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Y. SCOTT APR 16 2022

## **COVER LETTER**

TO: Registration Se Division of Cor				
	ANCE BOUTIQUE LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CASSANDRA RHODES			
	<u> </u>	Name of Person		
	ROAD TO SUCCESS SEE	RVICES, LLC	.: 20	
	<del></del>	Firm/Company	122 H	
	2630 W BROWARD BLV	D STE 203-235	2022 HAR 3	
		Address		1 1
	FORT LAUDERDALE, F	L 33312		
		City/State and Zip Code	2: 3	
	LEXIELOVESPINK1@GN	1AIL.COM	11. 9	
	E-mail address: (	to be used for future annual report notification	on)	
For further information c	oncerning this matter, please c	all:		
CASSANDRA RHODES	S	954 614-4358		
Name o	f Person	Area Code Daytime Tele	phone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Section		
Division of C	orporations	Division of Corpora		
P.O. Box 632		The Centre of Tallal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DEVIANCE BOUTIQUE LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 10/21/2021	and assigned
Florida document number L21000458439	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
ALEXIA'S BOUTIQUE LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	
Enter new principal offices address, if applicable:		2022
Principal office address MUST BE A STREET ADDI	RESS)	1 1/2
		ω -
Enter new mailing address, if applicable:		72
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	F 20
B. If amending the registered agent and/or registered	d office address on our records, <u>ent</u> e	er the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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 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
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			□Remove
			□Change
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Dated		Signatur	e of a memb	er or authoriz	ed representat	ive of a member	<u>,,                                    </u>			-

Filing Fee: \$25.00