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T. MATTHEWS

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Feli Con La	vida Boutique, LLC.				
SUBJECT:	Name of Lim	ited Liability Company		<u>. </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Felicia Vega				
		Name of Person			
		Firm/Company			
	231 Deer Run				
	Miami Springs, Fl. 33166	Address			
	feliconlavida@gmail.com	City/State and Zip C	ode		
	E-mail address: (to be used for future an	nual report noti	tication)	
	oncerning this matter, please co				e of Status & Copy
Felicia Vega		786	201-5655		
Name o	f Person	Area Code	Daytim	e Telephone Number	_
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy)	y	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address			et Address:	ation	
Registration S Division of C			istration Sedision of Cor		
P.O. Box 632			Centre of T		

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Feli Con La Vida Boutique, LLC

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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 8, 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regiagent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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 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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Actio Title Name P 231 Deer Run, Miami Springs, FL 33166 Felicia Vega □∧dd □ Change VΡ Cira Ruisanchez 231 Deer Run, Miami Springs, FL 33166 ____ □Add ______ ≡Remove _____ Change 231 Deer Run, Miami Springs, FL 33166 MGR Felicia Vega ____ □Remove 231 Deer Run, Miami Springs, FL 33166 Cira Ruisanchez MGR ■Add _____ Change

_____ Change

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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blook document's effective date on the Document's	ate of filing:	filing.) Pursuant to 605.02
record specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
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