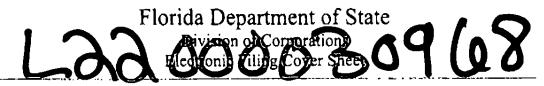
7/7/22, 9:42 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000231507 3)))



H220002315073ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

a significant part of the second of

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 120160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

diego@etlatinaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOTTEGA ITALIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

UUL -8 2022

....ILL. L.M. BOLOWON

Electronic Filing Menu

Corporate Filing Menu

Help

2922 JUL -7 AN II: 44

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BOTTEGA	ITALIA LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	·	
Please return all correspo	ndence concerning this matter	to the following:	
	DIEGO FIGUEROA		
		Name of Person	
	E&F LATIN GROUP LLC		
		Firm/Company	
	1820 N CORPORATE LA		
		Address	
	WESTON, FL 33326	01/10/11/12/17/17	*
	DIEGO@EFLATINACCO	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	ication)
DIEGO FIGUEROA		at ()384B565	12 Pr 2 Tr 3 Tr
Name o	Person	Ares Code Daytime	E Telephone Number
Enclosed is a check for the	se following amount:		
■ \$25.00 Filing Fcc	□ \$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)
Mulling Address Registration S Division of C P.O. Box 632 Tallahassee, b	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassec, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTTEGA ITALIA LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appear bility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	01/14/2022	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company he	ere:		
BOUTIQUE ITALY LLC		_		
The new name must be distinguishable and contain the words "Limited Liability	Company," the d	esignation "LLC" or the	abbreviation "L.L	"C."
Enter new principal offices address, if applicable:				_ 13 _
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
				7-7
Enter new mailing address, if applicable:			<u>ز</u> -۱۰	22 2
(Malling address MAY BE A POST OFFICE BOX)				<u>=</u> =
			wa of the nou	z rogistot
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	idress on our r	ecords, <u>enter the na</u>	Me of the new	<u> Tegiatei</u>
No C.N				
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida 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	e to act in this	capacity. I further o	agree to comp	ly with t

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 heing 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

<u>Title</u>	Name	Address	Type of Action
·			□Add
			Remove
			☐ Change
			□Removė
			Change
<u>-</u>			□ Add 28
			Remove
			□ Add =
			□Remove
			□Change
			□Add
			□ Remove
			
			Reinove
			□ Change

FEI/EIN NUMBER 88-	1626295					
		<u> </u>				
•						
				•		
			<u> </u>			
		 -				
						
			·			
						<u> </u>
_						
			·-			- 1- 1- E
						- <u>1,3.</u> - <u>1,5.</u>
		_				न [ा] ः गर्
						7 t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						- 3.7
						
						 -
fective date, if other than in effective date is listed, the de ote: If the date inserted in the coument's effective date on	te must he specific : his block does no	and cannot be prior of meet the applic	to date of filing able statutory	or more than 90 di filing requireme	(optional) lys after filing.) Purs nts, this date will	uant to 605.020 not be listed a
ecord specifies a delayed el is filed.	fective date, but t	101 an effective t	ime, at 12:01 z	s.m. on the carlie	r of: (b) The 90t	h day ailer the
sted JULY 7		2022				
			1) wa			
				tative of a member		

Filing Fee: \$25.00