## L22000215879

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## **COVER LETTER**

	Registration Se Division of Cor					
central contract		lanifique LLC				
SUBJEC	T:	Name of Lin	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Angela LaGuardia				
			Name of Person			
			Firm/Company			
		12443 92nd Terr			·	* :
For further  Enclosed i			-	•		
		Seminole, FL 33772			· .	.:
			City/State and Zip Code		n <sub>t</sub>	· [:: 5:3]
For furthe	er information c	E-mail address: (	to be used for future annual report notiful:	leation)		<u>ω</u>
	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status	
	Mailing Addres Registration 5		Street Address: Registration Sec	etion		
[	Division of C	orporations	Division of Corp	porations		
	P.O. Box 632 Fallahassec, 1		The Centre of Table 2415 N. Monroe		0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boutique Manifique LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
	ompany were filed on 05/06/2022	and assigned
lorida document number 1.22000215829	_ <i>-</i>	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
tade in Italy, LLC		
ne new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		•
	ment is submitted to amend the following:  ding name, enter the new name of the limited liability company here:  LLC  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. principal offices address, if applicable:  Effice address MUST BE A STREET ADDRESS)  mailing address, if applicable:  Edress MAY BE A POST OFFICE BOX)  ding the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  me of New Registered Agent:	
		1
nter new mailing address, if applicable:		; ω ; ω
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runing dudies mail BE at 1051 01 1101 1000		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	
	. Flo	orida
<del></del>	Cin	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>	Name	Address	Type of Action
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