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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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COVER LETTER

| | Registration S Division of Co | | | | | |
|---|----------------------------------|--|---|---|--|--|
| SUBJEC | | A BOUTIQUE LLC | | | | |
| SUBJEC | -1; | Name of Lin | nited Liability Company | | | |
| The enclo | osed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please re | turn all corresp | ondence concerning this matter | to the following: | | | |
| | | DARLEEN RODRIGUEZ | : | | | |
| | | | Name of Person | - | | |
| | | KUERIDA BOUTIQUE L | LC | | | |
| | | | Firm/Company | | | |
| 12094 ANDERSON RD APT 171 | | | | | | |
| | | | Address | | | |
| | | TAMPA, FL 33625 | | | | |
| | | | City/State and Zip Code | | | |
| | | SP@PATSFL.COM | | | | |
| | | E-mail address: (| to be used for future annual report no | tification) | | |
| For further | er information | concerning this matter, please c | all: | | | |
| STEPHA | ANIE PINEDA | | 407 751-7551 | | | |
| | Name | of Person | | ne Telephone Number | | |
| Enclosed | is a check for | the following amount: | | | | |
| ■ \$25.0 | 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 Addre | | Street Address: | ontion. | | |
| Registration Section Division of Corporations | | | Registration Se Division of Co | | | |
| | P.O. Box 63 | • | The Centre of | • | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

| KUERIDA BOUTIQUE LLC | | 22 SEP |
|--|---|--|
| | lite Company is in a second | |
| (Name of the Limited Lian) (A Florid | lity Company as it now appears on our reco ta Limited Liability Company) | HABSEE. |
| | | F4 = 5 |
| The Articles of Organization for this Limited Liability (| Company were filed on $\frac{06/14/2022}{}$ | A CO Tand assigned TO The Control of |
| Florida document number L22000271580 | | |
| | · | ⊕ |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| KERIDA BOUTIQUE LLC | | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "LI | LC" or the abbreviation "L.L.C." |
| | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| · | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| Participation of the state of t | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>ente</u> | er the name of the new registered |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | 522 |
| | | 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> | <u>Address</u> | Type of Action |
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| If an effecti Note: If t document | date, if other than to ve date is listed, the date in this is effective date on the pecifies a delayed effective date of the pecifies a delayed effective date. | nust be specific an block does not Department of | d cannot be prior meet the applic State's records | able statutory t | or more than 90 day iling requiremen | ts, this date will | not be listed a |
| | | | | | | | |
| Dated | LY 6 | | | · | | | |
| | Darler | Rod | rang | | tive of a member | 17.2. | 2 |
| | | Signature of a | member or auth | orized representa | tive of a member | MASS | 2022 SEP 292 |
| | | | | | | هنشر | - 15mg |
| | DARLEEN RODRIC | HUEZ | | | | S | EP 22 AM |