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(Requ	restor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: <u>Nou</u>		TIQUE LLC	<u>. </u>	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	YEOFANAH	JEAN MARY	<i>i</i>	
		Firm/Company	SE 252	
	5756 AZI	ALEA CIRC		
	WEST PAL	MBEACH FLA City/State and Zip Code	<u> 33415 </u> _	
	JOANE37@ E-mail address: (to be used for future annual report notice	fication)	
For further information co	oncerning this matter, please ca	all:		
Name o	f Person	at (347) 870 - 3 Area Code Daytim	3 9 3 4 e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	回 \$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		<u>Street Address:</u> Registration Sec	ction	
Division of C		Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOUNOU'S BOUTE (Name of the Limited Liability Co.)	QUE, LLC mpany as it now appears on our rec	<u>ords.</u>)
(A Florida Limi	ted Liability Company)	1
The Articles of Organization for this Limited Liability Comparing April 4000 304131 .	any were filed on $07/07$	2022 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 L	iability Company," the designation "I	L.C" or the abbreviation="L.L.C."
The new hante must be distinguishable and contain the words. Diffice is	munity company, the temperature	
Enter new principal offices address, if applicable:	· 	
(Principal office address MUST BE A STREET ADDRESS	Σ	
		= - 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
		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 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
MGR	YEOFANAH JEAN MARY	5756 AZALEA CIRC	E/Add
		WEST FALM BEACH, FL 334	<u>15</u> □Remove
			□Change
			□Add
			□Remove
			□Change
			🗓 Add
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		A	☐ Change
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		——————————————————————————————————————	Change
			□Add
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			🗆 Change
			□Add
			□Remove
			□Change

		
ffective date, if other than the date of filing:	filing.) Pursua	int to 605.02 of be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th	day after th
	<u>-</u>	- Cur
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ated $\frac{1}{24}$ $\frac{2023}{2023}$.	Ĩ:	
ated 1 24 2023. Jevfanch Jean Hast. Sugnature of a member of authorized representative of a member	<u> </u>	