L22000512072

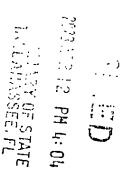
(Re	questor's Name)	
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R. HUNT 04/12/2>

COVER LETTER

Division of Cor	porations				
Cute 4 L.L. SUBJECT:	C.				
обытел	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Nahla E Elmakki				
		Name of Person			
		Firm/Company		· ·	
	13700 Sutton Park Drive S	V. apt 112			
		Address		<u> </u>	
	Jacksonville, FL 32224	· · · · · · · · · · · · · · · · · · ·	OSEE, FL	PH L	
	nalmahdie@gmail.com	City/State and Zip Code) TATE , FL	PH 1: 01	•
For further information o	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notif	lication)		
Nahla Elmakki	oncerning this matter, please c	515 305-4222			
	of Person	at () Area Code Daytime	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 Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Certificate of Certified Cop tadditional copy 	Status &	

TO: Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cute4 L.L.C.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)
he Articles of Organization for this Limited Liability Company were filed	on 12/06/2022 and assigned
orida document number L22000512072	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	any here:
olo Boss L.L.C.	
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	- 3
Principal office address MUST BE A STREET ADDRESS)	.
	为 75
nter new mailing address, if applicable:	<u> </u>
Aailing address MAY BE A POST OFFICE BOX)	ma si
	——————————————————————————————————————
. If amending the registered agent and/or registered office address on tent and/or the new registered office address here:	our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
En	uer r tortaa street aaaress
	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 Changing Registered Agent, Signature of New Registered Agent

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tive date, if other than the date of filing:	(optional) nan 90 days after filing.) P	ursuant to 605.0
If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.		
The street of the series of the series of the series.		
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earli <u>er of (</u> b) <u>Th</u> e 9	90th day after t
îled.		
04/10/2023		
04/10/2023		
04/10/2023 Signature of a member or authorized representative of a n	<u>,,, , , , , , , , , , , , , , , , , , </u>	