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COVER LETTER

Division of Cor			
Lake Hous	e Boutique L.L.C.		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nived for tiling	
	ondence concerning this matter t	-	
	-	•	
	Kate W.		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkcrest Dr Ste 103		
		Address	*****
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.com	m o be used for future annual report notifi	
For further information of	roncerning this matter, please ca		cation)
Kate W c/o ZenBusiness		 844 4936249	
Name of Person		at (at Code Daytime	
Name o	f Person	Area Code Daytime	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Lake House Boutique L.L.C.		
(Name of the Limited Liability Comr (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on 1/3/2023	and assigned
Florida document number L23000006677		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Lake Flouse Clothing Co. L.L.C.		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		33 T
		R 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SET A
training dimensional beautiful and the state of the state		7.00 60
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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

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>	Address	Type of Action
AMBR	Megan Lake	5511 North Rosedale Circle	
		Beverly Hills, FL 34465-2281	■Remove
			□ Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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un effecti ote: If t	date, if other than the date of filing:
ecord spis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	03 / 10 / 2023
	Thomas Lake
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00