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COVER LETTER

TO: Registration Sec Division of Corp			•			
COLOMBIA	AN BEAUTY BOUTIQUE LLC	·				
SUBJECT:	Name of Limite	ed Liability Company				
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.				
Please return all correspon	ndence concerning this matter to	o the following:				
	MAYRA DE LEON VASQ	UEZ				
		Name of Person				
		Firm/Company				
	67 DAVIS ALLEY					
		Address				
	GRETNA, FL 32332	<u>.</u>				
		City/State and Zip Code O S O S O S O S O S O S O S O S O S O	(ÒY)			
	oncerning this matter, please ca					
Mayra De Leon Vasquez		850 841-0346 at ()	71 1 1 1 1			
Name o	f Person	Area Code - Daytir	me 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 Addre Registration	Section	Street Address: Registration S Division of Co				
Division of C P.O. Box 633	27	The Centre of	Division of Corporations The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLOMBIAN BEAUTY BOUTIQUE LEC	 _
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	1 our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/07}{2}$	2023 and assigned
Florida document number 1.23000067765	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	2023
TIENDA Y VARIEDADES MAYRA LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if applicable:	Ž Čroje
(Principal office address MUST BE A STREET ADDRESS)	
	N in
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here: Name of New Registered Agent:	ords, enter the name of the new register
New Registered Office Address:	
New Registered Office Address. Enter Florida	street address
	, 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

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
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			∐Add
			□Remove
		<u> </u>	□Change
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record specifies a delayed effect d is filed.	ive date, but n	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	: 90th day afte	er the
Dated JUNE 02		2023	·				
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Filing Fee: \$25.00