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THE STAY OF STATE TO STATE

R. HUNT C 2/27/21

COVER LETTER

Division of Corporations	
SUBJECT: ROHER UP BO	DUTIQUES LLC d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	ited for filing.
Please return all correspondence concerning this matter to	the following:
Amber cap	Name of Person
- Batter 1	P Boutiques CC Firm/Company
10450 S	E 134th Court
DUNNELLO	City/State and Zip Code
Batter poba E-mail address: (to	HIQUESILE (O) and IT COMP be used for future annual report notification)
For further information concerning this matter, please call	
Proble Copenhauer Name of Person	at (352) 727 - 817 & Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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

ratter vo	DUUTIGUE	<u> </u>	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L23000716</u> 4		18/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ition "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		: 15
			71 77
		: 32	<i>N</i>
Enter new mailing address, if applicable:			- :
•		<u> </u>	X (2-4)
(Mailing address MAY BE A POST OFFICE BOX)			ာ့၊ • • • • • • • • • • • • • • • • • • •
			- 6
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Emer Florida st	reet address	
		Florida	
	Ciţy		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>	Name	Address	Type of Action
MGR	Amber Caperhaver	10450 SE 134th Ct.	ENAdd
		Durnellon FL 344	31 □Remove
			□Change
			□Add
			Remove
			当 ② □Change
		ARY OF STATE	NAdd NAdd
		- TR	Remove
			□Change
			□Add
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			🗆 Change
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			Change

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