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TO: Registration S Division of Co			
	outique LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Betzaida Perez Brito		
		Name of Person	
		Firm/Company	
	9607 N 46 ST		
		Address	
	TAMPA, FL 33617		
		City/State and Zip Code	
	betzaida170@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
Betzaida Perez Brito		786 516-8555 at ()	
Name	of Person	Area Code Daytim	e 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDUSA BOUTIQUE LLC	2023 KAR 20 50
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) 29 Fit 4: 4 = mined Liability Company)
	pany were filed on $\frac{0.3/13/2023}{}$ 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	Liability Company," the designation "LLC" or the abbreviation "L L,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

DocuSign Envelope ID: D6720AA1-6330-4349-AB35-4457E2B27FEB ri amenoing Authorized rerson(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>	<u>Address</u>	Type of Action
AMBR	BETZAIDA PEREZ BRITO	9607 N 46 STTAMPA, FL 33617	≣ Add
			□Remove
			☐ Change
AMBR	MARLENIS MARTINEZ RODRIC	9607 N 46 STTAMPA, FL 33617	■Add
			Remove
			□Change
		·	
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add

_____ □Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the record cord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	OocuSigned by:
	Signature of a member or authorized representative of a member
	BETZAIDA PEREZ BRITO
	Typed or printed name of signee