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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	IE Couture Name of Limi	COSET /	MIAMI LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Suzette	Name of Person	da
	THE COUTU	re Closer Firm/Company	Mismi LLC
	18131 SW 1	53 rd C7 Address	33187
	SUZETTEES E-mail address: (1	City/State and Zip Code TRADA @ Your obe used for future annual rej	ahoo, com
For further information c	oncerning this matter, please co		
<u>SUZETTE</u> Name o	Estrada	at (<u>786)</u> Area Code	332 0283 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Division	ress: ion Section of Corporations re of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The courage Closer Milater 194454;

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 1,23000 165834 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 ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: SUZETTE ESTRADA

1813 | SW 153rd CT

Enter Florida street address

MIAM Florida 33187

City Zip Code Name of New Registered Agent: New Registered Office 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.

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>	Name	Address	Type of Action
MGR	Suzette Estrada	181315W153rdCT MIAN	₹ Add
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f an effective date Note: If the date	if other than the do is listed, the date must be conserted in this bloc ctive date on the Dep	e specific and cannot k does not meet t	ot be prior to date o he applicable stat	filing or more than 9 utory filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605.0207 will not be listed as
e record specifies d is filed.	s a delayed effective o	date, but not an el 7	ffective time, at 1	2:01 a.m. on the ea	rlier of: (b) The	90th day after the
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Dated	////		() &	2/2		
Dated	Lung	gnature of a mepsh	er of authorized rep	resentative of a men	iher	

Filing Fee: \$25.00