L23000 201879

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COVER LETTER

reations LLC		
Name of Limited Lia	bility Company	
nt and fee(s) are submitted	for filing.	
ncerning this matter to the f	following:	
Yolanda	De Leor	
YhE C	Firm/Company	
7903 F	Plantation Dr Address	S AMII: 59
Orlando, Fl	32810 State and Zip Code	59
this matter, please call:		
) e 7	at (<u>457</u>) <u>953 - 54</u> Area Code Daytime Tele	phone Number
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	Orlanda Valential Security of the security of	Name of Limited Liability Company ent and fee(s) are submitted for filing. Individual Deleon Name of Person VAF Creations L.C. Firm/Company TADA Plantation Dr Address Orlando Fl. 32810 City/State and Zip Code Deleon Oction 2 24@qmail etc. this matter, please call: India address: tto be used for future annual report notification, this matter, please call: India address: at (437) 953 -544 Area Code Daytime Tele S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corpora The Centre of Tallal

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	C iv as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited Liability Company of Florida document number 123000201879.	were filed on <u>4/24</u> ,	/2023	and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
De Leon Boutique LC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrevi	ation "I	L.C."
Enter new principal offices address, if applicable:			<u>~</u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	د_ً.	
**************************************			;	
			124	
Enter new mailing address, if applicable:		(n) G: m:u	> :	4
•		100	==	
(Mailing address MAY BE A POST OFFICE BOX)			59	
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name of	the ne	w register
agent and/or the new registered office address here:		·		
Name of New Registered Agent:	 .			
New Registered Office Address:	S. Cl. II			
	Enter Florida street	aadress		
		, Florida	 -	
	City	7.	lip 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>	Name	Address	Type of Action
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ote: If the date inserted	than the date of filing:	e of filing or more than 90 days a statutory filing requirements.	ptional) fler filing.) Pt this date wi	ursuant to 605.020 Il not be listed a
	delayed effective date, but not an the record is filed.	effective time, at 12:0	1 a.m. on	the earlier o
ited				
	Signature of a member or authorized	Leon		
	Signature of a member or difformer			