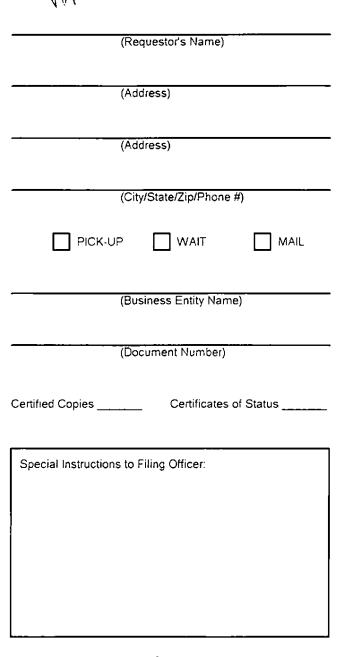
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Office Use Only



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01/28/24--01008--004 **25.00



COVER LETTER

| TO: . | Registration Se Division of Corp | ction porations | | | • |
|--------------|-------------------------------------|---|--|---------------------|---|
| SUBJEC | ANGI GAR | ZON'S DESIGN BOUTIQUE | , LLC | | • |
| SUBJEC | 1: | Name of Limi | ited Liability Company | | |
| The enclo | osed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please ret | turn all correspo | ndence concerning this matter | to the following: | | |
| | | Angelica Garzon | | | |
| | | | Name of Person | - | |
| | | ANGI GARZON'S DESIG | N BOUTIQUE, LLC | | |
| | | | Firm/Company | | |
| | | 2651 NW 26th St. #1209 | | | |
| | | - | Address | | |
| | | Miami, FL 33142 | | | |
| | | angigarzon@gmail.com | City/State and Zip Code | | |
| | | | to be used for future annual r | eport notification) | |
| For furthe | er information co | oncerning this matter, please ca | all: | | |
| Angelica | Garzon | | 305 684 | 1-9990 | |
| | Name of | Person | Area Code | Daytime Telepho | one Number |
| Enclosed | is a check for th | e following amount: | | | |
| ■ \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGI GARZON'S DESIGN BOUTIOUE, LLC (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 $\frac{05/26/2023}{}$ and assigned Florida document number _____1.23000259204 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Angi Garzon, LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida j

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

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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Page 2 of 3

| If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effe Note: | re date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated _ | Signature of a member of a member |
| | |
| | Angelica Garzon Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00