# 124000126294

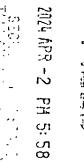
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns		•
SUBJECT:		EMPRESS d Liability Company	Beutique LI-C
The enclosed Articles of Amenda	ment and fee(s) are submi	tted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	You	Name of Person	Lus
	Yourte 6	Firm/Company	strance Lec
111	39 Sand	Point Terruce Address	
<u>R</u>	Tyromelus S E-mail address: (to)	Eity/State and Zip Code  Google Grandle  be used for future annual report in	SOM
For further information concerning			
Wave Person	elus	at ( <u>186</u> ) <u>62 L</u> Area Code Day	time Telephone Number
Enclosed is a check for the follow	ving amount:		
□ \$25.00 Filing Fee      \$3	60.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUVEE EMPRESS	BOUTION	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our reco ability Company)	oraș.)
The Articles of Organization for this Limited Liability Company w	vere filed on $\frac{3}{13}$	and assigned
Florida document number 12400126294.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	BOUTIQUE	LLC
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
		707 72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
	<u> </u>	
B. If amending the registered agent and/or registered office ad	dress on our records, ente	er the name of the new registered
agent and/or the new registered office address here:	· <del></del>	, C
	4.1/.2	,
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	NIA	
	Enter Florida street addr	
	, 1	Florida Zip Code
Name Designation of American Designation of Sharping Designation of American	Ciţ	хір Соае
New Registered Agent's Signature, if changing Registered Agent:	and the second second	e a la sa a la
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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>	<u>Name</u>	Address	Type of Action
N/A N/A	N/A	N/A	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an ef Note:	ive date, if other than the date of filing:
ne recor ord is fi	rd 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 led.
Dated	March 7-7 . 2024.
	Signature of a member or authorized representative of a member
	The state of the s