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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration ! Division of Co							
	RE INTERNATIONAL LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	Adrienne Harris						
		Name of Person					
	Conture International LLC						
		Firm/Company					
	3703 60th St W						
		Address					
	Bradenton, Florida, 34209						
	contureinternationallic@gr	City/State and Zip Code					
		(to be used for future annual report notification)					
For further information	concerning this matter, please c	all.					
Adrienne Harris		727 4604980 at ()					
Name	of Person	Area Code Daytime Telephone N	umber				
Enclosed is a check for	the following amount:						
□ \$25.00 Filing Fee	■ \$30 00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy Ittional copy is enclosed)				
Mailing Addre Registration		Street Address: Registration Section					
-	Corporations	Division of Corporations	; ·				
Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	nite 810 .				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Couture International 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 08/19/2024 and assigned Florida document number _____L24000363544_I 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 "L.L.C." 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 City 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 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
AMBR	Adrienne Harris	3703 60th St W	□Add
		Bradenton, FL 34209	□Remove
			= Change
AMBR	Bryan Couture	3703 60th St W	
		Bradenton, FL, 34209	□Remove
			= Change
			_
			□Remove
			□Change
			□Add
		-	□Remove
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Note: If the d	late inserted in thi	the date of filing must be specific and is block does not m the Department of S	cannot be prior to date of tiling or more than neet the applicable statutory filing requir	(option 90 days after fil ements, this d	al) ing.) Pursu ate will no	ant to 605.0207 ot be listed as
e record specif rd is filed	fies a delayed effe	ective date, but not	an effective time, at 12:01 a.m. on the e	arlier of: (b)	The 90th	day after the
Dated 🖯 ()	igust!	30 th	2024		:	000 000 000 000 000 000 000 000 000 00
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		orginature to a fi	nember qu'aumonzeu représentative of à met	(IIVC)		• •
A.	lrienne Harris					•
- AC			Typed or printed name of signee			

Filing Fee: \$25.00