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(Requestor's Name)	<u> </u>
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SECRETARY OF STATE

2024 SEP 18 PM 2: 1

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	A FANCY BOUTIQUE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARLENE ALTEMAR		
		Name of Person	F2
		Firm/Company	2021 SEP 18 PH 2: 110 SECRET/ALLY/A/SEE A. 11
	410 NW 3RD STREET		7/35
		Address	- SE 3
	DELRAY BEACH, FL 33		% - 29
		City/State and Zip Code	1.44. CO
	AWELEWAFANCY@GM	AllCOM to be used for future annual report notific	etvan
			attoriy
For further information (concerning this matter, please c	all:	
MARLENE ALTEMAF		561 876-0186 at ()	
Name o	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWELEWA FANCY BOUTIQUE LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	08/26/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	esignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)			
			207 SE
Enter new mailing address, if applicable:			TALL N SE
Mailing address MAY BE A POST OFFICE BOX)			77 -
Muning dauress MAT BE A TOST OFFICE BOAT			
3. If amending the registered agent and/or registered office	address on our re	ocards enter the n	
igent and/or the new registered office address here:	address on our re	ecords, enter the n	= O
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		, Florida	
	City	, FIOTIUA	Zip 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>	<u>Name</u>	Address	Type of Action
AMBR	MARLENE ALTEMAR	410 NW 3RD STREET	■Add
		DELRAY BEACH, FL 33444	□ Remove
			□ Change
			□Add
			□Remove
			☐ Change
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ective	date, if other than the date	e of filing:	(or	otional)
	ve date is listed, the date must be s the date inserted in this block of		of filing or more than 90 days at	fter filing.) Pursuant to 605.020
ument	's effective date on the Depart	ment of State's records.	y	
cord sp s filed.	pecifies a delayed effective dat	e, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
cd	SEPTEMBER 12	2024		
	Mayar	ature of a member of authorized r		
		anies al a propossor de all'haribut r	PERSONAL PROPERTY OF THE PROPE	