oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JANELL CRUZ MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Citv-State-Zip: MIAMI FL 33183 City-State-Zip: MIAMI FL 33144

Electronic Signature of Registered Agent

Authorized Person(s) Detail :				
Title	P	Title	Р	
Name	ASPURU, RAQUEL	Name	CRUZ	

Authorized Person(s) Detail :					
Title	Р	Title	Р		
Name	ASPURU, RAQUEL	Name	CRUZ, JANELL		
Address	PO BOX 442119	Address	6206 SW 136TH COURT A-107		
City_State_Zin:	MIAMI EL 33144	City-State-Zin	MIAMI EL 33183		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

CRUZ, JANELL 6206 SW 136TH COURT

SIGNATURE:

SUITE A-107 MIAMI, FL 33183 US

PO BOX 442119

6206 SW 136TH COURT

Name and Address of Current Registered Agent:

MIAMI, FL 33144

FEI Number: 87-4797644

Current Mailing Address:

SUITE A-107 MIAMI, FL 33183

Current Principal Place of Business:

Entity Name: LAS BRUJITAS BOUTIQUE LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000395657

FILED Apr 11, 2022 Secretary of State 3071768607CC

Certificate of Status Desired: No

04/11/2022

Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under