

L090000 51854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

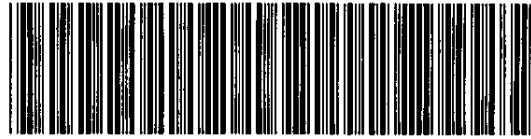
(Business Entity Name)

(Document Number)

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STATE OF MARYLAND
DEPARTMENT OF REVENUE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Posh Little Closet, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evelyn Guarriello
Name of Person

Posh Little Closet, LLC
Firm/Company

~~101 Levee~~ 93 Jennifer Cir
Address

Ponce Inlet FL 32127
City/State and Zip Code

~~001~~ Evelynb@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Guarriello at (407) 463 6407
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Push Little Closet, 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 7/23/14 and assigned Florida document number L09000051854

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 end with 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)

93 Jennifer Cir
Ponce Inlet, FL 32127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

93 Jennifer Cir
Ponce Inlet, FL 32127

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:

Evelyn Guarnello

New Registered Office Address:

93 Jennifer Cir
Enter Florida street address

Ponce Inlet, Florida 32127
City 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.

Evelyn Guarnello
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title Name Address Type of Action

MGRM Nanette Alban 480 Reed Canal RD Add
#32 South Daytona FL 32119 Remove

MGRM Sarah L. Smith 101 Levee Ln Add
Ormond Beach FL 32174 Remove

MGRM Evelyn Guarniello 93 Jennifer Cir Add
Ponce Inlet FL 32127 Remove

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Add

_____ _____ _____ Remove

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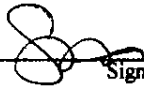
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change current Registered Agent, registered Agent ADDRESS, MGBEM, mailing Address, Physical Address AND Phone number from: Sarah L. Smith 101 Levee Ln Ormond Beach FL 32174 386-214-3280
TO: Evelyn Guarnello 93 Jennifer Cir Force Jct FL 32127

E. Effective date, if other than the date of filing: 8/8/14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/23/14, 2014.



Signature of a member or authorized representative of a member
Evelyn Guarnello

Typed or printed name of signer

8/11/14 10:00 AM
87-11-00000000