Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000035636 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOOD DAY TAX Account Number : I20210000158 Phone : (407)301-1108 Fax Number : (407)440-3122

**Enter	the	email	address	for	this	business	ent	titv	ta	be	used	for	future
an:	nual	report	t mailin	gs.	Enter	only on	e em	ail	add	res	s cla	256	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W AMERICAN PROJECT AND STYLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

Division of C	orporations		
SUBJECT:	AMERICAN	PROJECT AND STYLE LLC	
		mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are st	ibmitted for filing.	
Please return all corres	pandence concerning this matte	τ to the following:	
		VELEZ. ENRIQUE M.	
		Name of Person	· -
	AMERI	CAN PROJECT AND STYLE LLC	
		Firm/Company	
	3519	BONAIRE BLVD. #1508	
		Address	-
	К	ISSIMMEE, FL 3474;	
		City/State and Zip Code	
		evelez25@hotmail.com	
For further information	n-man address: concerning this matter, please o	(to be used for future annual report notification)	
	NRIQUE M.	321 746-6076	
Name	of Person	at () Area Code Daytime Telephone Numbe	r
Enclosed is a check for t	he following emount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Centificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address Registration Division of C P.O. Box 633 Tallahassec.	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTRICAN PROJECT AND STYLE LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were : Florida document number L15000116759	07/07/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability en	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con-	pany," the designation "LLC" or the	e abhreviation "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)		
TOTAL DE A TOST OF CICE BOX		
B. If amending the registered agent and/or registered office address	~	
agent and/or the new registered office address here:	on our records, enter the n	ame of the new registered
Name of New Registered Agent:		30 1
New Registered Office Address:		- - -
	Enter Florida street oddress	55
City	, Florida	· ·
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.

Jan 27 23, 05:15p

-GOOD DAY TAX

4074403122

p.4

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

Title	Name	Address	Type of Action
AMBR	COSTELLO, MONICA ROSANA	3519 BONAIRE BLVD. #1508	
		KISSIMMEE, FL 34741	
			Change
			DAdd
			Change
			□ Remove
			□Change
			□Remove
			Change
· · · · · · · ·		<u> </u>	
			□Remove
			ClChange
			Dadd
			□Remove
			□ Change

Effective date, if other than the date of filing: Optional) Discretizative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Pausaum to 505.0007. Note: If the date inserted in this block does not more the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record 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 red is filed. Dated IANUARY 27 203 Sugnature 1 provides or authorized representative of a member.		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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