

46000176211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

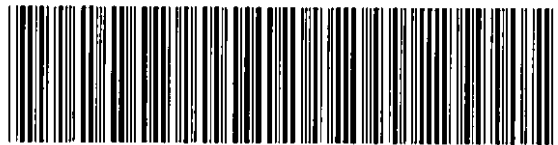
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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2023 SEP 26 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
09/26/23

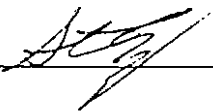
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CLASSESTYLES LLC

Please Debit FCA000000003 For: 55

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☒ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

2023 SEP 26 PM 12:40

2023 SEP 26 PM 12:40  
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLASSESTYLES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please retain all correspondence concerning this matter to the following:

Liberty Handheld  
Name of Person

CLASSESTYLES LLC  
Firm Company

7451 River Road Suite 222  
Address

Miami FL 33027  
City/State and Zip Code

CROCEWITHCLASSESTYLES@aol.com  
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call.

Liberty Handheld at (954) 398-0953  
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)

☐ \$65.00 Filing Fee  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32311

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

2023 SEP 26 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

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

AMAZING DREAM CONSULTING 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 09/21/2016 and assigned Florida document number 116000176211.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CLASSESTYLES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

7451 RIVERA BLVD SUITE 223

**(Principal office address MUST BE A STREET ADDRESS)**

MIRAMAR FL 33027

**Enter new mailing address, if applicable:**

7451 RIVERA BLVD SUITE 223

**(Mailing address MAY BE A POST OFFICE BOX)**

MIRAMAR FL 33027

**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:

7451 RIVERA BLVD SUITE 223

*Enter Florida street address*

MIRAMAR FL

Florida 33027

*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.*

*/S/*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EBONY HANCHARD	7451 RIVERA BLVD SUITE 223	<input type="checkbox"/> Add
		MIRAMAR FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DIVISION OF REVENUE

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

2023 SEP 26 PM 12:40

DIVISION OF CONSUMER AFFAIRS

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 09/26/2023.

/5/ EBONY HANCHARD

Signature of a member or authorized representative of a member

EBONY HANCHARD

Typed or printed name of signee