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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	POSH'S K	KLOZET, LLC		
AUDJE.	C1.	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		E BRUTON		
			Name of Person	
			Firm/Company	WIN WAR 12 A
			Address	
			City/State and Zip Code	لب ،نــَّ نز
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	concerning this matter, please c	all:	
E Bruto	on		at ()	
	Name o	d Person		Telephone Number
Enclose	d is a check for th	he following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section	STREET/COURII Registration Section Division of Corpora	ı

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSH'S KLOZET				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L18000074378	and assigned			
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
POSH KLOZET LLC				
The new name must be distinguishable and contain the v	ords "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	7810 GALL BLVD STE 179	7 ~2	
(Principal office address MUST BE A STREE		ZEPHYRHILLS, FL 33541	E 3 7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	DOV:	7810 GALL BLVD STE 179 ZEPHYRHILLS, FL 33541	AMINISSEE TIO	
B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		~ O	
registered agent and/or the new registered of	ince audress her	<u>c</u> .		
Name of New Registered Agent:	ELISHA BRUTON			
New Registered Office Address:	7810 GALL BI			
		Enter Florida street address		
	ZEPHYRHILL	S Flor	ida <u>33541</u>	

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.

City

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>	Name	Address	Type of Action
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(If an e <u>Note</u>	efive date, if other than the effective date is listed, the date in a: If the date inserted in this tement's effective date on the l	ust be specific and i block does not me	cannot be prior to cet the applicab	date of filing or more the statutory filing	e than 90 days afte	i onal) r filing.) Pt is date wil	irsuant to 6 I not be Ii	05.0207 (3)(sted as the
f the re b) Th	ecord specifies a delaye e 90th day after the re	ed effective da cord is filed.	ate, but not	an effective tir	ne, at 12:01	a.m. on	the ear	lier of:
	24 Marcolo	7.	209	<u>.</u> ,				
Dated		72/						
Dated	a Di March	Signature of the	ember of authori	zed representative of	a member			

Page 3 of 3

Filing Fee: \$25.00