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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration So Division of Cor			
SUBJEC		HOME STAGING LLC		
SOBJIA	·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Melanie Haselmayr		
			Name of Person	
		CURATED HOME STAC	GING LLC	
			Firm/Company	
		3022 NW 73rd St #5		
			Address	<u> </u>
		Miami, FL 33147		
			City/State and Zip Code	-
		admin@curated.group		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please c	all:	
Romi Que	erubin		786 751-3405	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
	<u>Mailing Address</u>		Street Address:	
	Registration S Division of C		Registration Sec Division of Corp	
	O. Box 632		The Centre of Ta	
Т	allahassee, F	FL 32314		Street, Suite 810

Tallahassee, FL 32303



March 10, 2023

MELANIE HASELMYR 3022 NW 73RD ST #5 MIAMI, FL 33147

SUBJECT: CURATED HOME STAGING LLC

Ref. Number: L18000247342

We have received your document for CURATED HOME STAGING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 023A00005691

Neysa Culligan Regulatory Specialist III

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

(Name of the Limited Liability Company as it now appears on our records.)

CURATED HOME STAGING LLC

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	(A Florida Limited Liability Company)		ESTATE
he Articles of Organization for this Limited	Liability Company were filed on $\frac{03/2}{2}$	3/23	and assigned
lorida document number L18000247342	·		
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE	E BOX)		
. If amending the registered agent and/or	registered office address on our rec	cords, <u>enter the name</u>	of the new regist
. If amending the registered agent and/or yent and/or the new registered office addr	registered office address on our recess here:	cords, <u>enter the name</u>	of the new regist
If amending the registered agent and/or tent and/or the new registered office addr	registered office address on our recess here: Melanie Haselmayr	cords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	ess here:	cords, enter the name	of the new regist
ent and/or the new registered office addr	Melanie Haselmayr 3022 NW 73rd St #5	cords, enter the name	of the new regist
	Melanie Haselmayr 3022 NW 73rd St #5		

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.

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>	Address	Type of Action
MGR	KHAN, STEFANO S		□Add
		3022 NW 73rd St #5 Miami, FL 33147	≅Remove
			□Change
MGR	HASELMAYR, MELANIE		□Add
			□Remove
		3022 NW 73rd St #5 Miami, FL 33147	■ Change
			□Add
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Effective date, if other tha	ate must be specific and cann this block does not meet	not be prior to date of filtr the applicable statutor	query filing requirements, this	filing.) Purs	uant to 6 not be li	05.0207 (. sted as th
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Note: If the date inserted in		effective time, at 12:01	a.m. on the earlier of: (b)	The 90th	n day af	
Note: If the date inserted in document's effective date on the record specifies a delayed e ord is filed.		, ,		The 90th	n day af	