## L18000 281320

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor						
Stylistic Cu	es LLC.					
SUBJECT:	Name of Lim	ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	endence concerning this matter	to the following:				
	Madeline Foster					
		Name of Person		_		
	Made Bare Collection LLC	3			~	
	<del></del>	Firm/Company			021	
	8980 Biddle Ct				2021 NOV -4 PH 3: 28	
		Address			t-	j
	Wellington, FL 33414			i Si	<u>ဆိ</u> သ	) []
	info@madebare.net	City/State and Zip Code		- Air	28	
	_	to be used for future annual report noti	ification)	-		
For further information c	oncerning this matter, please c	all:				
Madeline Foster		561 7352023 at ( )				
Name o	f Person		ne Telephone Numb	рег	-	
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fe cate of S ed Copy nal copy is	atus &	
Mailing Addres		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Division of Co				
P.O. Box 632		The Centre of 7		010		
Tallahassee, FL 32314		2415 N. Monro	e street, Suite	810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>,</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000281320	were filed on 10/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Made Bare Collection LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:	500 S. Australian Ave.	021 N
(Principal office address MUST BE A STREET ADDRESS)	Ste 600	
	West Palm Beach, FL 33401	+ 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8980 Biddle Ct	SE 31.
	Wellington, FL 33414	ानं क
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter to enter the ent	
	Fla	orida

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.

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
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days af	ter filing.)	Pursuan	t to 605.02
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, t	his date w	/III not	be listed :
cord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	a.m. on the earlier of:	(b) The	90th da	ay after th
Thete.				
October 29 2021				
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