# L19000100736

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C. GOLDEN
JM12 5 2020

#### **COVER LETTER**

Registration Section

TO:

Division of Corporations				
BESPOKE SERVICES LLC				
SUBJECT: Name of Limit	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
KARYNA DIGIACOMO				
Name of Person	<del></del>			
BESPOKE SERICES LLC				
Firm/Company				
OSOES DIMINISTRATE 127 1000 WINT AUC	#708			
Address				
WEST-PALM-BEACH-FE-92405 MIAIN PA	ach F1 33139			
City/State and Zip Code				
EQUISTABLES.NL@GMAIL.COM				
E-mail address: (to be used for future annual report i	notification)			
For further information concerning this matter, please call	:			
MARC HART 305	514-0507			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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



2019 DEC 23 AM 11: 11

## BESPOKE SERVICES 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 4/11/2019 and assigned Florida document number L19000100236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3000 STIRLING RD ST 124 Enter new principal offices address, if applicable: HOLLYWOOD FL 33021 (Principal office address MUST BE A STREET ADDRESS) KARYNA DIGIACOMO Enter new mailing address, if applicable: 1000 WEST AVE #708 (Mailing address MAY BE A POST OFFICE BOX) MIAMI BEACH FL 33139 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: KARYNA DIGIACOMO Name of New Registered Agent: 1000 WEST AVE #708 New Registered Office Address:

#### 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

MIAMI BÉACH

Signature of New Registered Agent

Enter Florida street address

\_. Florida 33139 Zip Code

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	RUDOLF PONSON	6501 S DIXIE HWY UNIT 117	□Add
		WEST PALM BEACH FL 33405	■Remove
			□Change
MGR	KARYNA DIGIACOMO	3000 STIRLING RD ST 124	<u></u> E⊼dd
		HOLLYWOOD FL 33021	□Remove
			□Change
		-	□Add
			Remove
			Change
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Change
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Filing Fee: \$25.00