

L19 000100236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

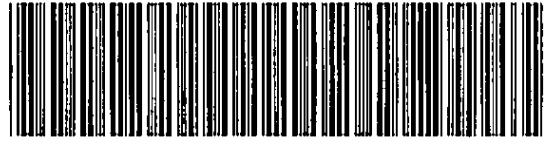
(Business Entity Name)

(Document Number)

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12/23/18--01003--022 ++25.00

2019 DEC 23 AM 11:11

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C. GOLDEN

JAN 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BESPOKE SERVICES LLC

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

BESPOKE SERVICES LLC

Firm/Company

~~850 1ST AVENUE SUITE 1117~~ 1000 WEST AVE # 708

Address

~~WEST PALM BEACH FL 33405~~ MIAMI Beach FL 33139

City/State and Zip Code

EQUISTABLES.NL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC HART

at (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

**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 "L.L.C."

Enter new principal offices address, if applicable:

3000 STIRLING RD ST 124

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD FL 33021

Enter new mailing address, if applicable:

KARYNA DIGIACOMO

(Mailing address MAY BE A POST OFFICE BOX)

1000 WEST AVE #708

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:

Name of New Registered Agent:

KARYNA DIGIACOMO

New Registered Office Address:

1000 WEST AVE #708

Enter Florida street address

MIAMI BEACH

Florida 33139

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.



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	RUDOLF PONSON	6501 S DIXIE HWY UNIT 117	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KARYNA DIGIACOMO	3000 STIRLING RD ST 124	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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