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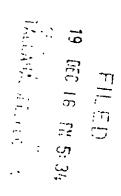
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JAN 1 6 2020 S. YOUNG

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Pretty In Pul			
commer.		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	dence concerning this matter t	to the following:	
		Sasha Rosa		
			Name of Person	
			Firm/Company	
Firm/Company 16385 BISCAYNE BLVD UNIT 602				
			Address	
NORTH MIAMI BEACH,FL 33160				
		ecurosas14@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	eation)
For further in	nformation co	ncerning this matter, please ca	lī:	
SASHA RO	SA		910 670-8957	
_	Name of	Person	at () Area Code Daytime	l'elephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRETTY IN PUBLIC			APP PECT		
	ted Liability Compa	ny as it now appears on our			
	(A'Florida Limited	Liability Company)			
(Name of the Limited Liability Com (AFlorida Lin The Articles of Organization for this Limited Liability Com Florida document number L19000115732 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited POSTURE LLC The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	iability Company	were filed on APRIL 19.	2019 Sand assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
POSTURE LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	14651 BISCAYNE BLY	/D		
(Principal office address MUST BE A STREI	ET ADDRESS)	ESS) #158			
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI BEACH , FL 33181			
•••		14651 BISCAYNE BLV #158	VI)		
		NORTH MIAMI BEACH , FL 33181			
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the new		
Name of New Registered Agent:	SASHA ROSA				
New Registered Office Address:	14651 BISCAY	YNE BLVD #158			
		Enter Florida street	address		
	NORTH MIAN	И ВЕАСИ	, Florida FL 33181		
		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>	Address	Type of Action
AMBR	SASHA ROSA	Address Add address: 14385 bis raune Biva: Unit 1002 North Miami Beach Remove Address: FL	n Rus da
		Remove Address: FL	33140
		Remove Address: FL THOO Pasadena Brud Apt # 205 Pem Kroke Pines, FL 33024	Remove
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ote: If the date inserted	than the date of filing: _ e date must be specific and can in this block does not meet on the Department of State	the applicable statu	filing or more than 90 d story filing requirement	_ (optional) ays after filing.) Pursuant to ents, this date will not be	605.0207 listed as
e record specifies a The 90th day after	delayed effective date the record is filed.	e, but not an eff	ective time, at 1	2:01 a.m. on the ea	arlier ol
nted Novemb	Cr 8 Roman Signature of a mem	2019			
11	Ω				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00