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COVER LETTER

		COVERLETTER	
TO: Registration So Division of Co			
Shop Saki SUBJECT:	LLC		
JOBSECT:	Name of Lim	ited Liability Company	01
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for fiting.	
Please return all correspo	ondence concerning this matter	to the following:	
	Valeria Galavis		
		Name of Person	
		Firm/Company	
	2049 Island Cit		
		Address	
	Weston, FL 33326		
	ganidovaleria@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report no	tification)
For further information of	oncerning this matter, please ca	III.	
Valeria Galavis		786 4514784	
Name o	f Person	at () Area Code Daytii	nic Telephone Number
Enclosed is a check for the	ie following amount:		
■ \$25.00 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 tadditional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOP SAKI LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Collorida document number <u>L20000091427</u>	ompany were filed on 03/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
POSH LUXURY SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •	ECC	7.02
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		201
Enter new mailing address, if applicable:		. . .
Mailing address MAY BE A POST OFFICE BOX)		1.1 1.0
The state of the s		
		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the r</u>	name of the new regist
New Registered Office Address:	Enter Florida street address	
	F1 - 11	
	, Florida	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 Title Name Address **Type of Action** _____ □Remove ______ 🔲 🗆 Add _____ Remove _____ Change _____ □Change _____ 🗆 🖂 🗀 Add _____ □Remove _____ □Change _____ □Change

					
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Effective date, if other than affective date is listed, the date	the date of filing: _			(optional)	
in the date inserted in this	s block does not meet	ine applicable si	atutory filing requi	i 90 days after filing.) Pi rements, this date wil	arsuant to 605,0207 () Il not be listed as tl
document's effective date on the	2 Department of State	s records.			
e record specifies a delayed effected is filed.	rtive date, but not an e	ffective time, at	12:01 a.m. on the	arlier of: (b) The 9	0th day after the
APRIL 5	20	24			
Dated	()				
Dated X	TQ	·			

Typed or printed name of signee