To:

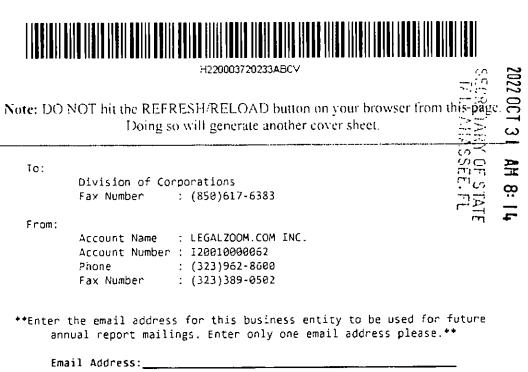
Division of Corporations

Florida Department of State

2022-10-31 10:02:19 PDT

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000372023 3)))



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BY J. ROSE LLC

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COVER LETTER

TO: Registration So Division of Cor			
BY J. RO	SE LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	Cheyenne Mosoley	to the following:	
	Legalzoom.com, Inc.	Name of Person	
	101 N Brand Blvd 11th F	Firm/Company	
	Glendale, CA 91203	Address	
	gaiaskin7@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (to concerning this matter, please ea	to be used for future annual report notiful:	ficution)
Cheyenne Moseley		800 773-0888 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 (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

BY J. ROSE LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on _	and assigned
Florida document number L20000110649	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>iere</u> ;
Lustix Styles LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appl	icable:	220 27.0 27.1
		3 4 m
(Principal office address MUST BE A STRE	<u>EI ADDRESS)</u>	
		MS A III
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	m F
	vol 8 to 17	
B. If amending the registered agent and	d/or registered office address of	on our records, enter the name of the nev
registered agent and/or the new registered	office address here:	
Name of New Registered Agent:	Zoraida Rodriguez	
V 20 10 10 10 11	6404 Dewey St	
New Registered Office Address:		orida strvet address
	Hollywood	, Florida ³³⁰²³
	City	Zin 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.

Zoraida Rodriguez

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:

LegalZoom.com, inc.

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
-			
			☐ Remove
			Change
	vin q		
			Remove
			□ Change
	 		D Add
			🗆 Remove
			□ Change
			☐ Remove
			Change
	-		□ Add
			□ Remove
			□ Change
			Remove
			Change

(If an el	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Oct 26 2022
Date	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00