## L2000120131

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT:	empre St	yled LLC ued Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
•			
	Kel	Mame of Jerson	Onelli
		Firm/Company	
	16102	- Caldera L Address	<u> </u>
	Nap	City/State and Zip Code  OPE KAN 856  The be used for future annual report notifications.	4110
	E-mail address: (	to be used for future annual report notif	ication
For further information co	neerning this matter, please ca		
Name of	Person	at ()	: Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6323 Tallahassee, F		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Or C1 1 1 1

2023 FEB 13 AM II: 21

(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 MAU Florida document number L20000120131 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Styled Interiors by Kutie LLC

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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street 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.

Cin

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>	Type of Action
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Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	February 6. 2023
	Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Kathryn Antonelli

Filing Fee: \$25.00