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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Melana Morris Name of Person
	Melana Morris Rogsty/2 CC
	2320 46th Are W #13
	Bradenton, 72 3 4207
	Bradenton, H 3 4207 City/State and Zip Code Pogsty/Z 1990 @ gmaj/. com E-mail address: (to be used for future around report notification)
For furt	her information concerning this matter, please call:
Ne	Name of Person at (94) 348-8566 Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\mathcal{F}	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional 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

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Melana Morris	Rugstylz LLC
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 420011355.5	were filed on UNE 22, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	RDQSTYLZ, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2320 46th Ae W
(Principal office address MUST BE A STREET ADDRESS)	#13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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

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<u>Title</u>	Name	Address	Type of Action		
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ne record specific ord is filed.	es a delayed effect	ive date, but not	an effective time.	at 12:01 a.m. on	the earlier of	: (b) The 9	90th day at	ter the	>-
Dated	Ture	22,	2020	TEI	denet near	Know The	al of	e appli	can stra
		Signature of a o	member or authorize	ed representative of	a member	·		NUO	reg
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Filing Fee: \$25.00