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(Requestor's Name)
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COVER LETTER

TO:

TO: Registration S Division of Co			
Anastashia	s Kloset LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Anastashia Moore		
		Name of Person	
	Anastashia's Kloset		
		Firm/Company	
	4681 Northbridge Dr Apt 2	201	
		Address	
	Orlando, FL 32839		
	# 	City/State and Zip Code	
	customerservice@styldbout	ique.com	
	E-mail address: (to be used for future annual report notification)	one Number 22 PH 3: 33 S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
For further information of	concerning this matter, please c	all:	1922
Anastashia Moore		347 322-0331	
		at ()	2
Name e	of Person	Area Code Daytime Telephone Nu	mber ', -
Enclosed is a check for t	he following amount:		<u>.</u> ω
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy
Mailing Addre		Street Address: Pouristration Section	
Registration Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anastashias Kloset LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	منعورا منشر
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/20/2020	عبر خب and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
StylD Boutique 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 applicable:	605 Talisi Loop	
(Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FL 34771	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1701 W Wetherbee Rd # Orlando, Fl 32837	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		enter the name of the new registere
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity	v. 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

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
			□Add
			□ Remove
			☐Change
			□Add
			□Remove
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Ci cc ii - Ati	05/01/2022
lf an effec <u>Note:</u> T	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	· · · · · · · · · · · · · · · · · · ·
	~#
	Signature of a member or authorized representative of a member

THE POST OF