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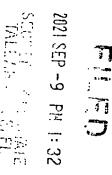
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SEP 19 2021

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Classy Custumz By Oncy Cit
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dracy Shingle-Brattan
Classy Custumz By Dracy
7643 Gate Parkway Ste 104-704
Jacksonville, FL 32244
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dray Shingk-Bratton at 904, 252.7762 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on	and assigned
Horida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
	10000	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office agent and/or the new registered office address here; 	ce address on our records, <u>enter the nan</u>	ie of the new regis
		E II SI
Name of New Registered Agent:		- 0
New Registered Office Address:		. .
	Enter Florida street address	3.
_	Florida	
	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Dracy Shingle-Bratton	6299 Cranberry Ant Jaxfi	+4 _ ≭ Add
			_ □Remove
		 	_ □Change
AMBR	Oracy Shingle-Bratton	6299 Cranbary In E Jax, 123224	A Add
			_ □Remove
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cord specifies a delayed effective dass filed.	ite, but not a	an effective tin	ne, at 12:01 a.n	n, on the earlier o	f. (b) The 90t	h day after the
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Sign	nature of a m	ember or author	ized representat	ve of a member		