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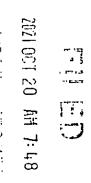
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A. BUTLER 0CT 29 2021

COVER LETTER

SUBJECT: Mic	HEILE SAST	1A CUSTOM A	et UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MICHEL	JES-WRIGH	iT
	MICHELLE	SASHA CUSTO	om ART LLC
	31177 U	15 HWY 19	N #107
	Paum H	Address FL City/State and Zip Code	34684
	MICHEUES E-mail address:	ASHACUSTOY to be used for future annual report not	isegnail.com
For further information c	oncerning this matter, please c	all:	•
Name o	f Person	at () Area Code Daytin	re 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)

Registration Section

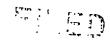
Division of Corporations

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MICHELE SASHA CUSTOM BET OTTOCH 7: 48 (Name of the Limited Liability Company as it now appears of the records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

Florida document number <u>L2100370679</u>

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited List	hility 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 agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address . Florida

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

<u>Address</u> Type of Action <u>Title</u> Name MGR MICHEILE S. WRIGHT 31177 US HWY 19N Add #107 Premove Parm HARBOR, FL 3468 Change □Add □Remove □Change _ □Remove □ Change □Remove _____ □Change □Add □Change _____ □Add □Remove __ Change

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effective date is t e: If the date in	other than the date of isted, the date must be specieserted in this block does we date on the Departme	cific and cannot be prior is not meet the applica	able statutory filing	(optional than 90 days after filing the guirements, this days	ng.) Pursuant to 605.020'
cord specifies a filed.	delayed effective date, l	but not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
d Sept	125	202	101-	20	
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	■ ■ wgnatu	ie or a member or about	ing a representative	- T	

Filing Fee: \$25.00