

121 000 406 456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

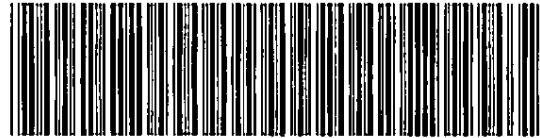
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. MATTHEWS

MAR 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: - Posh Assistants LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Ariza

Name of Person

Posh Assistants LLC

Firm/Company

4475 Willow Pond Rd

Address

West Palm Beach, FL 33417

City/State and Zip Code

Dariz006@fltu.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Ariza

703

9096640

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

221000-7 P.13:08

Posh Assistants LLC

(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 9/14/2021 and assigned
Florida document number 1.21000406456.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

_____, **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 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>	<u>Address</u>	<u>Type of Action</u>
AP	Cory Portner	5534 Muirfield Village Circle	<input type="checkbox"/> Add
		Lakeworth, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dylan Mazzei	58 NE 14th St, APT 2906	<input checked="" type="checkbox"/> Add
		Miami, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Laura April	6671 W Indiantown Rd, STE 50	<input checked="" type="checkbox"/> Add
		PMB 157 Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lauren Angulo	6671 W Indiantown Rd, STE 50	<input checked="" type="checkbox"/> Add
		PMB 157 Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniela Ariza	4475 Willow Pond Rd	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Deming

Daniela Ariza

Typed or printed name of signee