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PILED SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Pre	tty Haute Life	eStyle LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stantae St	tirgles or Adhu	nna Robinson
		Firm/Company	
	12578 Green	n meadow DZ	
		Address	
	****	City/State and Zip Code	onville, F1 32218
		enyibute and sip code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Gantae	Stingles	at (904) 790-2	2894
Name of	Person U	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	₹\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

+ Retritante l'ifectul	e 1-1-C
Some of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) SECRETARY OF STATE (IABILITY Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number 12200050 500	were filed on 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Our Land, Our Legacy In ves- The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	Jacksonville, Fl 32256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12578 Green Meadow DR. Jacksonville, F1 32218
B. If amending the registered agent and/or registered office a 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
	City Zin 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>	Address	Type of Action
			□ Add
		□Remove	
			□Change
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			□Remove
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			□Change.

Page 2 of 3

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