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COVER LETTER

TO:

TO: Registration Se Division of Co				
TATY'S S	TYLES	•	•	
SUBJECT:		nited Liability Company	•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Luz Ortega			
		Name of Person		
	TATY'S STYLES			
		Firm/Company		
	1913 SE 5th CT			
		Address		
	Cape Coral FL 33990			
		City/State and Zip Code	···	
	tatystyles.5566@yahoo.con			
For further information c	oncerning this matter, please c	to be used for future annual report not all:	incation)	
Luz Ortega		239 6453604 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:	ection	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of	l'allahassee	
Tallahassee, I	HL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TATY'S STYLES, 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) The Articles of Organization for this Limited Liability Company were filed on August 11, 2022 and assigned Florida document number __L22000302172 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 __ Cirv 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 mv dutics, 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>	Name	Address	Type of Action
MGR	Luz Ortega	1913 SE 5th CT Cape Coral FL 33990	■Add
			□Remove
			□ Change
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