From: Yanet Avila

Division of Corporations Electronic Filing Cover Sheet

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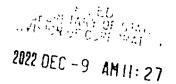
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RHODE STYLE LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RHODE STYLE LLC	
( <u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 1.22000479996	ompany were filed on 11/08/2022 and assigned
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	ismes r torical sweet cauryss
	, Florida
	Cay 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JESSICA GONZALEZ	9690 NW 41 ST	
		SUITE # 4	
		DORAL, FL 33178	□Change
	/	A ACCRET OF THE STATE OF THE ST	
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D. If an	nding any other information, enter change(s) here: (Auach additional sheets, if neces 2020 DEC - 9	AM 11: 2
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Note:	ve date, if other than the date of filing:  (optional)  etive 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 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	05.0207 (3)(b) sted as the
If the reco record is f	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	ter the
Dated	12/07 2022 [avanas] /h. L	
	Signature of a wember or authorized representative of a member	
	Typed or printed name of signee	