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(Re	equestor's Name)	
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SECRETARY OF STATE

S. ROBERTS

MAY 1 3 2023

COVER LETTER

то:	Registration Se Division of Cor						
		& Co Decorating Den Interiors					
SUBJE	CT:	Name of Lim	ited Liability Company				
The enci	losed Anicles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Anastasia Mouzina					
			Name of Person		- • •	2	
	Anastasia &Co LLC			7 119 8038	2023 HAR 28 PH 12: 28		
			Firm/Company			NR 2	7
		5525 N. Military Trail # 13	303		56.5 56.5 76.5	- 23	FILED
			Address	<u></u>		12	
		Boca Raton FL, 33496			žirn.	: 28	
			City/State and Zip Code		•		
		anastasia@decoratingden.co	om to be used for future annual report notif	ication)			
For furt	her information c	oncerning this matter, please c		,,			
	sia Mouzina		561 562 2315				
	Name o	of Person	at () Area Code Daytime	: Telephone Numbe	r		
Enclose	d is a check for t	he following amount:					
□ \$2 5	i.(N) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	tus &	
	Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite S	310		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anastasia & Co LLC (Nume of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company		and assigned
-		
lorida document number 1.22(XX)494831		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS))
		023 HAN
		28 28
nter new mailing address, if applicable:		- ∷ <u>=</u> □ -
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		28
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
THE TOURISION OF THE CHAPTER.	Enter Florida street addr	vzs
		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.

Ffective date, if other than the date of filing: (optional) an effective date is instead, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.002 (fig. if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument's effective date on the Department of State's records. Trecord 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 is filed. Signifure of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·
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- Charles -	atad	
Signature of a member or authorized representative of a member	awu	
Signature of a member or authorized representative of a member		thut
		Signature of a member or authorized representative of a member
		ANASTASI.A: MOVZINA Typed or printed name of signee

Filing Fee: \$25.00