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(Requestors Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
: Copies Certificates of Status
eal Instructions to Filing Officer:
J. HORNE MAR 2 3 2023
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DIRECTOR'S SEFICE
DIVISION OF SEFERATION SEEL FRANCISMS

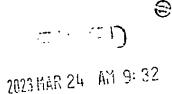
COVER LETTER

PG: Registration Section Division of Corporations
SUBJECT: Lady & A Stylish Designz 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:
Mrs. Ernestine Avera
Lady EA Stylish Designz LLC
1538 Tallahassee Blud # 902
Intercession City, FL 33848 City/State and Zip Code Stylish designzlica yahoo.com E-mail address: (to be used for luture annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mrs. Ernestine Avera at (407), 758-3441 Name of Person Area Code Daytime Telephone Number
Finclosed is a check for the following amount: [7] \$25.00 Filing Fee

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



Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2023_and assigned Horida document number 1230000 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: Tallahassee Blud (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 1538 Tallahassee Blu (Mailing address MAY BE A POST OFFICE BOX) Intercession City, FL 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: Ernestine Avera

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is Lying 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

1538 Tallahassee Blyd #902 Enter Florida street address

Intercession City Florida 33848

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added cremoved from our records:

MGR = 1 Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
LEO LATES	Ernestine Avera		🗆 Add
,		1538 Tallahassee Blud	□Remove
		Intercession City FL 33	₹48 ØChange
			□Add
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			□ Change

<u>e:</u> If t	date, if other than the date of filing:
oned er	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	March 24. 2023.
s filed.	March 24. 2023. Stranger of a member or authorized representative of a member.

Filing Fee: \$25.00