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## **COVER LETTER**

EO: Registration Se Division of Cor			
YNCHIC S	TYLE LLC		
SUBJI, CT:	Name of Lim	ited Liability Company	
The enclosed Acticles of	Amendment and fee(s) are sub	mitted for filing	
	indence concerning this matter	•	
	NATHALY M BLANCO	MORENO	
		Name of Person	<del></del>
		Arm/Company	
	1535 SOUTHBURY DR	3745 PH	
		Address	
	KINDRED FLORIDA 347	City/State and Zip Code	2. S.
	YNCHICSTYLE@GMAIL		
For turther information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifi all:	(2) P. C. 38
NATHALY M BLANCO	) MORENO	407 3003558	
Name o	í Person	at () Area Code Daytime	Telephone Number TO
Linefosed is a check for th	ne following amount:		
\$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632 Tallahassee, 1		The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YNCHIC STYLE LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on FEBRUARY 28, 2023	and assigned
Llorida document number L23000106528		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	(6
		202
Enter new mailing address, if applicable:		2026 frank 21 873 1124 - 2021
(Mailing address MAY BE A POST OFFICE BOX)		î
		į ·
		:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the nan</u>	ie of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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.

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
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			(C) (N)
			P741 4 4
<del></del>			□Add
			Remove
			□ Change
	***************************************		□Add
			∐Remove
			□Change
			□Add
			□Remove
			<b>—</b>

TITLE: CEO		
NAME: NATHALY M BLAN	CO MORENO	
***		
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<del></del>		
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ive date, if other than the c	03/15/2023	(ontional)
ective date is listed, the date must. If the date inserted in this block	be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605 v filing requirements, this date will not be list
ient's effective date on the Dep		r ming requirements, this date will have be list
d specifies a delayed effective. led	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day afte
MARCHIB	2023	
MARCH 13		
	ignature of a member or authorized represen	

Filing Fee: \$25.00