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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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04/11/23--01017--023 **80.00



R. HUNT

04/11/27

COVER LETTER

Division of Cor						
POSH WO	MEN LLC					
SUBJECT:	Name of Lin	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:				
	LISSETH LOPEZ					
	· · · · · · · · · · · · · · · · · · ·	Name of Person		_		
		Firm/Company		_		
	170 NW 161ST AVE				5,20	
		Address			- - -	
	PEMBROKE PINES, FL	33028		<u>.</u> .	28 ==	er e
	LISLOMART@gmail.com	City/State and Zip Code			2973 KOR 11 PH 1:56	-
	E-mail address: (to be used for future annual re	port notification)	- 고딩		6
For further information c	oncerning this matter, please c	all:		. 4	6	
LISSETH LOPEZ		at ()	8404			
Name o	f Person	Area Code	Daytime Telephone Num	ber		
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 enclo	Certifi sed) Certifi	Filing Fedicate of Street Copy on all copy is e	atus &	
Mailing Address Registration 5	Section		ion Section			
Division of C	5	Division	of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSH WOMEN LLC				
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ed 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 $\frac{03/24/2023}{1}$ Florida document number L23000151232 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POSH WOMAN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Change
			□Add
			☐ Remove
			Place Park
			To D Remove
			□Change
			□Add
		- 	□Remove
			□Change
			□Change
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			Change

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April 5 2023 Signature of a member or authorized representative of a member	April 5 2023 Signature of a member or authorized representative of a member	an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	nust be specific and block does not i Department of S	d cannot be pri- nect the appl State's record	licable stat ls.	utory filing	re than 90 day; requirement	s after filing, s, this date	will not	t be listed
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Filing Fee: \$25.00