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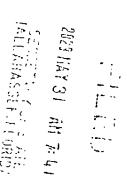
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(Address)
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COVER LETTER

	Registration Se Division of Cor		•		
SUBJEC	Bridal Chic				
SUBJEC		Name of Lin	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Nataliia Onyskiv			
			Name of Person		
		Bridal Chie, LLC			
			Firm/Company		
		1314 E Las Olas Blvd PM	B 7063		
			Address		
		Fort Lauderdale, FL 33301			
			City/State and Zip Code		
		bridalchic100@gmail.com			
		E-mail address: (to be used for future annual	report notification)	
For furthe	er information c	oncerning this matter, please c	all:		
Nataliia (Onyskiv			90824	
	Name o	f Person	at () Area Code	Daytime Telephone N	umber
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Ce losed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy Inional copy is enclosed
1	Mailing Addres	<u>s:</u>	Street Ad	idress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Bridal Chic, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on May 17th, 2023	and assigned
Torida document number L23000243959	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered	l office address on our records, <u>enter the</u>	name of the new regist
gent and/or the new registered office address here:		ئے۔ دے
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u>:</u> _
New Registered Office Address:	C . (N .)	
	Enter Florida street address	
	Florid	a Zip Code
	r my	гуг с нис

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nataliia Onyskiv	1919 Van Buren Street, Apt 719A, Hollywood	I, FL 330 2℃ □Add
			⊡Remove
			■ Change
			Remove
			□Change
			□Add
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Tective date, if other than than than effective date is listed, the date mote: If the date inserted in this seument's effective date on the	olock does i	iot meet the	e applicable	ate of filing or statutory fil	more than 90 ing requiren	(option days after fileents, this d	al) ing.) Pursuant ate will not b	to 605.0207 e listed as
record specifies a delayed effect is filed.	ve date, but	t not an effe	ective time,	at 12:01 a.m	. on the earl	ier of: (b)	The 90th day	after the
nted May 27		2023	3					
		ist les	1.4					
	,		• //					
	Signature	of a member	or authorized	d representati	e of a membe	:г		_

Filing Fee: \$25.00