## L23000349830

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A. RAMSEY AUG 24 2023

## COVER LETTER

TO:

Name of Lim			
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	ited Liability Company		
nendment and fee(s) are sub	mitted for filing.		
ence concerning this matter	to the following:		
STEFANI MACHIELA			
	Name of Person	<u>.</u>	
STEVEN MACHIELA CP	Ά		
	Firm/Company		
860-1 SOUTH STATE RC	)AD 7		
·	Address		
WELLINGTON, FL 33414	1		
	City/State and Zip Code		
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ction	Street Address: Registration Sec	tion	
Division of Corporations P.O. Box 6327		Division of Corporations	
32314			
	STEFANI MACHIELA  STEVEN MACHIELA CP  860-1 SOUTH STATE RO  WELLINGTON, FL 33414  STEFANI@SHMCPA.COM  E-mail address: ( cerning this matter, please calcerson  following amount:  S30.00 Filing Fee & Certificate of Status	STEVEN MACHIELA CPA  Firm/Company  860-1 SOUTH STATE ROAD 7  Address  WELLINGTON, FL 33414  City/State and Zip Code  STEFANI@SHMCPA.COM  E-mail address: (to be used for future annual report notificerning this matter, please call:  at (	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

N D SYLES, LC

2023 AUG -7 PM 1: 00

(Name of the Limited Liability Company as it now appears on our records.) SY UF STATE

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/25/2023}{}$ \_\_\_\_\_ and assigned Florida document number <u>L23000349830</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N D STYLES, 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

## 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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
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ii ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
he recor	d 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 ed.
Dated	August 1 2023
	Nancy Mataon Signature of a member or authorized representative of a member
	Nancy Matson yped or printed name of signee