

L23000384020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. HUNT
09/11/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BESPOKE STYLING CONCIERGE 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:

ANA M SILERIO

Name of Person

ANA M SILERIO

Firm/Company

1574 SE CROWBERRY DR

Address

PORT ST LUCIE, FL. 34983

City/State and Zip Code

bespokestylish@gmail.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ANA M SILERIO

561 2158173
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

BESPOKE STYLING CONCIERGE LLC

(Name of the Limited 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 08/28/2023 and assigned
Florida document number 1.23000384020.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BESPOKE STYLISH CONCIERGE LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1574 SE CROWBERRY DR

PORT ST LUCIE FL

34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1574 SE CROWBERRY DR

PORT ST LUCIE FL

34983

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:

ANA M SILERIO

New Registered Office Address:

1574 SE CROWBERRY DR

Enter Florida street address

PORT ST LUCIE

City

Florida 34983

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANA M SILERIO	1574 SE CROWBERRY DR	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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COUNTY OF PALM BEACH
CLERK OF THE COURT

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 28, 2023

ANA M SILERIO

Typed or printed name of signee