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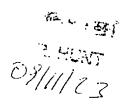
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COVER LETTER

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Registration Section

Division of Co	orporations	.*	9	
	E STYLING CONCIERGE LLC	2		
SUBJECT:	Name of Lir	nited Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	_		
	ANA M SILERIO			
		Name of Person		
	ANA M SILERIO			
		Firm/Company		20
	1574 SE CROWBERRY I			2023 SEP
		Address		7
	PORT ST LUCIE, FL. 349			
	besopokestylish@gmail.cor	City/State and Zip Code		01 :ZIKU
	,	to be used for future annual report noti	fication)	o
or further information	concerning this matter, please c	all:		
ANA M SILERIO		561 2158173 at ()		
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
Mailing Addre Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESPOKE STYLING CONCIERGE LL	JNG CONCIERGE LI	ING CONCIERG	LING	STYL	BESPOKE
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(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: 1574 SE CROWBERRY DR

(Principal office address MUST BE A STREET ADDRESS)

PORT ST LUCIE FI.

34983

1574 SE CROWBERRY DR

PORT ST LUCIE FL

34983

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:	ANA M SILERIO			
New Registered Office Address:	1574 SE CROWBERRY DR			
	Enter Flo	rida street address		
	PORT ST LUCIE	, Florida ³⁴⁹⁸³		
	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

	<u>Name</u>	Address	Type of Action
	ANA M SILERIO	1574 SE CROWBERRY DR	
		PORT ST LUCIE, FL. 34983	□Remove
			□Change
			□ Add
			□ Remove
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Sective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the ap	plicable statutory t	option (option) (opti	onal) filing.) Pursuant to 605.02 date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effectiv	ve time, at 12:01 a.	m. on the earlier of: (b) The 90th day after th
ted AUGUST 28		·	uive of a member	
		_		