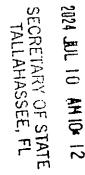
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## **COVER LETTER**

TO: Registration S Division of Co		
	E ASSOCIATES LLC	
SUBJECT:	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
	condence concerning this matter	
	Elmar R Benavente	
		Name of Person
	Bespoke Associates LLC	
		Firm/Company
	150 E. Boca Raton Rd.	
		Address
	Boca Raton., Florida 3343	2
		City/State and Zip Code
	kai@be-design.net	
	E-mail address: (	(to be used for future annual report notification)
For further information	concerning this matter, please e	call:
Elmar R Benavante		561 362-6408
Name	of Person	Area Code Daytime Telephone Number TALLAHA
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fig. 7  Certified Copy Certificate of States & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESPOKE ASSOCIATES LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab	oility Company were filed on September 18, 2023	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the</u> <u>here</u> :	4 JUL CRETV
Name of New Registered Agent:		HASS
New Registered Office Address:	Enter Florida street address	OF ST
	, Florid	。 ₹¥ 5
	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 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	Davide DeAngelis	150 E. Boca Raton Rd., Boca Raton, FL 33432	<b>≘</b> Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change
			□Add
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	<del></del>		SECRETARY TALLAHAS
			AHASSEE, FL DAdd
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Filing Fee: \$25.00