## 623000457093

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## **COVER LETTER**

TO: Registration : Division of Co						
	LL & ROSANNA ELEGANCE	STYLES LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Laura Perez					
		Name of Person	_			
	Paz Accounting Company					
	<del>- w - v</del>	Firm/Company				
	6401 SW 87th Avenue, St	e 114				
		Address	<u></u>			
	Miami, Fl 33173					
	laura@pazaccounting.com	City/State and Zip Code				
		(to be used for future annual report notification)				
For further information	concerning this matter, please c	all:	25.55 25.55			
Laura Perez		786 900-0729	PMI2: 2  OF STATUSEFF			
Name	of Person	Area Code Daytime Telephone Num	21 E			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & fed Copy on al copy is enclosed)			
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GISEHELL & ROSANNA ELEGANCE STYLES 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 10/03/2023 and assigned Florida document number L23000457093 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elegance Styles by G & R 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) 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: Paz Accounting Company Name of New Registered Agent: 6401 SW 87th Ave. #114 New Registered Office Address: Enter Florida street address , Florida 33173
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. Hereby confirm that the limited liability company has been notified in writing of this change.

City

Miami

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 Actio
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June 18th Pated		2024		^					
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