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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Choublak (Closet , LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The malaged Agistos of	Amandment and forth are sub-	mitted for Glina		
	Amendment and fee(s) are sub	·		
Please return all correspo	ondence concerning this matter	to the following:		
	Marleine Eristhenes			
	-	Name of Person		
	Choublak Closet , LLC			
		Firm/Company		
	9108 Dupont Pl			
		Address		
	Wellington, FL 33414			
		City/State and Zip Code		
	joseph.marleine@yahoo.co	n to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	·	(meanon)	
Marleine Eristhenes		561 572-6426		
Name o	of Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		Z415 N. Monro	oe street, suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Choublak Closet, LLC

2024 007 16 PM 2: 14

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Li	ability Company)	•
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on <u>Jar</u>	nuary 31, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company hero	;:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	gnation "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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office a	ddress on our rec	ords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent: $$	A	
New Registered Office Address:		
	Enter Florid	a street address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cit	zą/xoa
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n rovided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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 Action
MGR	Marleine Eristhenes	9108 Dupont Place , Wellington, FL 33414	3 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□ Change
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			🗆 Remove
			□Change
			□Add
			□Remove
			□Change

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
_	
Note: If	e date, if other than the date of filing:
If the record s record is filed	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
Dated _	
	Signature of a member or authorized representative of a member
	MARLEINE ERISTHENES

Typed or printed name of signee