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COVER LETTER

TO: Registration Section Division of Corporations			<i>y</i>
SUBJECT: Cinde	erella Dr	ess Rental Mi	ani UC
	Tricles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Renaldo J. J. T. Menez Name of Person Firm/Company 4550 NW 794 Ave. Apt 10 Address Doral FL 33166 City/State and Zip Code City/State and Zip Code		
The enclosed Articles of Amendme	ent and fee(s) are subm	itted for filing.	
Please return all correspondence co	ncerning this matter to	the following:	
	Reinal	Name of Person	2
		Firm/Company	
	4550 N	W 79th Ave. Ap	410
		Address	
	Doral	FL 33166	
	E-mail address: (to	City/State and Zip Code Na em pire P Crne be used for future annual report noti	fication)
For further information concerning	this matter, please cal	l:	
	Jimenez	at (<u>786)</u> 818 Area Code Daytim	- 2708 e Telephone Number
Enclosed is a check for the followi	ng amount:		
		Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cinderella Dress Rental Miami LLC

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\sum_240001\\9405\).	were filed on 03/08/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	derella's Dresses LLC lity 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)	6925 W Flagler Street Miami, FL 33144
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6925 W Flagler Street Miami, FL 33144
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	2012
	Enter Florida street address Florida City Zip Code :

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.

New Registered Agent's Signature, if changing 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
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red July 02	Signature of a	a member or a	uthorized repr	esentative of a	member		

Filing Fee: \$25.00