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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	·)
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

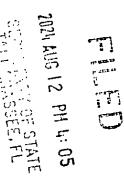
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#### **COVER LETTER**

	egistration Sectivision of Corp				·	
CUD IE/TE	WOMAN'S I					
SUBJECT	:	Name of Lim	ited Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	m all correspon	dence concerning this matter	to the following:			
		FERNANDA SILVA				
			Name of Person			
		A&F FINANCIAL LLC				
			Firm/Company			
4851 W HILLSBORO BLVD, STE A2						
			Address			
	COCONUT CREEK, FL 33073					
			City/State and Zip Co	de	<del></del>	
		AF-FINANCIAL@AF-FIN	ANCIAL.COM to be used for future anni		<del></del>	
Davido altono	: G			наі тероп воєпісано	on)	
		icerning this matter, please co				
FERNANI	DA SILVA		754 at ()	205-9371		
	Name of l	Person	Area Code	Daytime Tele	phone Number	
Enclosed is	a check for the	following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing For Certified Copy tadditional copy is		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	72
	ailing Address:		Street	Address:	آ رئين کسريخ	
Re	egistration Se	ection .	Regi	stration Section	· 22	PF

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## WOMAN'S PLACE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 04/03/2024 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>1.24000158879</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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 comple with a 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.

Cirv

. Florida

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>	Name	<u>Address</u>	Type of Action
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		Belo Horizonte, MG 30210-380 BR	≣Remove
			□Change
MBR	Arthur Villamil Martins	Rua Queluz - Mangabeiras	
		Belo Horizonte, MG 30210-380 BR	<del>-</del>
MGR	Arthur Villamil Martins	Rua Queluz - Mangabeiras	≣Add
		Belo Horizonte, MG 30210-380 BR	□Remove
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