## L24000377177

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
LIFE STYL	E CLOTHING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roselynn Ruiz		
		Name of Person	<del></del>
	LIFE STYLE CLOTHING	LLC	
		Firm/Company	<del></del>
	14410 SW 9th ST		
		Address	
	Miami FL 33184		
		City/State and Zip Code	
	roselynnr8@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please of	all:	
Roselynn Ruiz		305 799-6285	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne 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 5	Section	<u>Street Address:</u> Registration Se Division of Cor	
Division of C P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE STYLE CLOTHING LLC		
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L24000377177	ty Company were filed on <u>08/28/2024</u>	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Joseph Louis LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable	:	20240
(Principal office address MUST BE A STREET AL	DDRESS)	C
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2	P 191
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	, Florie	
_	City	Zıp 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 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 =	<b>Authorized Member</b>	

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change
			ПС

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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record is file	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 ed.
	)9/23/2024 BUD ALLE
ated _	which this entire ors
	of a member or authorized representative of a member
	Roselynn Ruiz
	Typed or printed name of signee

Filing Fee: \$25.00