L25000/1/379

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	poracions			
SUBJECT:	Blue Style B	outique LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Guer	ra Fontes Liett	4	
		Firm/Company		
	22 52 5	SW 68Th CT		
		Address		
	Miami	FL 33155 City. State and Zip Code		
		· ·		
	E-mail address: (ralieti@gmail. a	otification)	r,
For further information of	oncerning this matter, please c	·		2
	-		11.76	
Name o	of Person	at (<u>817</u>) <u>374</u> Area Code Dayt	ime 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 Sta Certified Copy tadditional copy is ea	itus &
Mailing Address		Street Address:	·	
Registration Section Division of Corporations		Registration S Division of C		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Libbility Company (A Florida Limited Lia	lique UC	
(A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on <u>03</u> -05-2025	and assigned
Florida document number <u>L 2 5000 111 3 79</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
Blue STyle BouTique The new name must be distinguishable and contain the words "Limited Liability	e LLC.	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	2252 SW 68th CT	
(Principal office address MUST BE A STREET ADDRESS)	2252 Sw 68th CT Hiami, FL 33155	2025
		·
Enter new mailing address, if applicable:		(PR 5 PH 1:
(Mailing address MAY BE A POST OFFICE BOX)		
graning data (55 M2) M2 24 1 (55) (54 Fig. 1 b) (54		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
6	T. V.H	
Name of New Registered Agent: Querra	Fontes, Jietty	
New Registered Office Address: 225と Sw	Enter Florida street address	
	Emet Piorida sirvet dadress	
MG	City Florida _ 3	13 1 5 S Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, if	miliar with and 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>	Name	Address	Type of Action
H GR	Lietty Guerra	2252 SW68+4 (+, Miami	SBAdd
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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		·	
(li'an et <u>Note:</u>	ive date, if other than the date of filing:		
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th led.		
Dated	04-09 2025		2025 APR 15 PM 11: 1
	Signature of a Color of south seized control of a south seized control	- 12 - 12	15
	Signature of a people of authorized representative of a member Typed or printed name of signee	- c	<u> </u>

Filing Fee: \$25.00