

3/9/2021

Division of Corporations

M1900006150

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax addit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 MAR -9 PM 12:22

2021 MAR -9 PM 12:54

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MDDA SHOPPER LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

MAR 10 2021

M. S. 12:54 PM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: MDDA SHOPPER LLC

Enter new principal office 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) _____

2. The Florida document number of this limited liability company is: M19000006150

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/24/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CURATED STYLE COLLECTIVE LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____

City Zip 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.

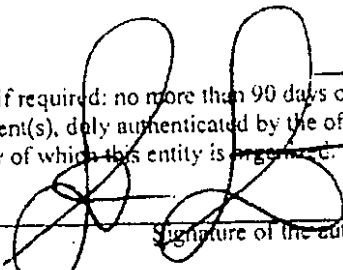
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

STEVEN GRETENSTEIN

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2021 MAR -9 PM 12:54
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MDDA SHOPPER LLC", CHANGING ITS NAME FROM "MDDA SHOPPER LLC" TO "CURATED STYLE COLLECTIVE LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF MARCH, A.D. 2021, AT 2:54 O'CLOCK P.M.



7473179 8100
SR# 20210814872

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202676838
Date: 03-08-21

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: MDDA SHOPPER LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is:
CURATED STYLE COLLECTIVE LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 5th day of March, A.D. 2021.

By: 

Authorized Person(s)

Name: Linda Ebin-Levine

Print or Type