

L19 0000 22535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

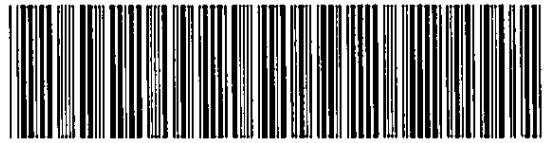
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2019 MAY 16 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FL

S TALLENT  
MAY 17 2019

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2019

BIANCA MONTEALEGRE  
BIANCASTYLES LLC  
14366 SW 46TH TERRACE  
MIAMI, FL 33175

SUBJECT: BIANCASTYLES LLC  
Ref. Number: L19000022535

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE DATE THE DOCUMENT AND PRINT THE NAME OF THE MEMBER ON PAGE 3 OF 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00008005

2019 MAY 16 AM 11:06  
RECEIVED  
SECRETARY OF STATE  
TALLENT, SUSAN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BIANCASTYLES LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIANCA MONTEALEGRE  
Name of Person  
BIANCASTYLES LLC  
Firm/Company  
14366 SW 46TH TERRACE  
Address  
MIAMI FL 33175  
City/State and Zip Code  
biancam2993@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bianca Montealegre 305 468-4072  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BIANCASTYLE\$LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 22, 2019 and assigned Florida document number L19000022535.

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 "L.L.C."

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)

**FILED**  
2019 MAY 16 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:**

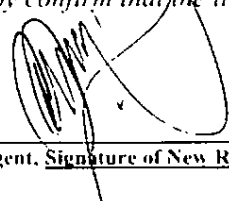
Name of New Registered Agent: ALEJANDRO C CONSTANTINO

New Registered Office Address: 9155 SOUTH DADELAND BLVD, SUITE 1800  
Enter Florida street address

MIAMI Florida 33155  
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

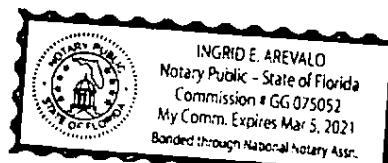
**Sworn to and subscribed before me this**

12 days of May 2019

**(Signature of Notary Public - State of Florida)**

**Personally Know or Produced Identification**

**Type of Identification Produced** \_\_\_\_\_



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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 15, 2019

Handwritten signature of Bianca Monteclegre

Signature of a member or authorized representative of a member

Bianca Monteclegre
Typed or printed name of signee

Sworn to and subscribed before me this
day of
(Signature of Notary Public - State of Florida)

