(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Corporation	5		•
SUBJECT: Beyond	d 5tyles	2 LLC	
·	Name of Limi	ted Liability Company	
The enclosed Articles of Amendm	ent and fee(s) are sub-	mitted for filing.	
Please return all correspondence c	oncerning this matter t	o the following:	
<u>u</u>	Dilliam 1	Fields Name of Person	
		Name of Person	
B	eyond E	otyles 2 LLC	
		r mit Company	
<u>/c</u>	376 E	Colonial DV Address	Suite 118
_0!	rlando Fr	City/State and Zip Code  Pyahoo-com o be used for future annual report	
h	evand 2921	Q yalan can	
	E-mail address: (t	o be used for future annual report	notification)
For further information concerning			
William Fie Name of Person	123	at ( <u>40)</u> ) <u>53</u> Area Code Day	8755 rtime Telephone Number
Enclosed is a check for the following	ing amount:		
	0.00 Filing Fee & ertificate 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:		Street Address	<u>:</u>

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

TO:

Registration Section

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

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

Odond Styles (Name of the Limited Liablity Compar (A Florida Limited L	2 LLC  ny as it now appears on out lability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number 423000500/50		2 23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	_	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbrevia "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	CHELLARY ALLIANS
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	SEE FL
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records	enter the name of the new registered
Name of New Registered Agent:	<u>}</u>	
New Registered Office Address:	Enter Florida stree	1 address
	Cav	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cay	хір Соас
I hereby accept the appointment as registered agent and agre	e to act in this capaci	ty. 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 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

Title	Name	Address	Type of Action
<u> </u>	Sandra Rosario	2330 Plesant Hill Rd	<b>X</b> Add
		Kissimmer Pl 34)46	• □Remove
			□Change
			□Add
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			□Change
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N/A	
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ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put	remanuto 605 0707
if the date inserted in this block does not meet the applicable statutory filing requirements, this date wil	not be listed as
on s effective date on the Department of State's records.	
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 ed.	th day after the
1-10-24	
7/10	
Willian Field	
Signature of a member or authorized representative of a member	
William Fields	
en l s	e date, if other than the date of filing:

Filing Fee: \$25.00