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SECRETARY OF STATE
TARE MARK OF STATE

Y. SCOTT NOV 1 5 2021

COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
SUBJECT:	Styles by	Landility Company			
	Name (A 1277)	med marmiy Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ond e nce concerning this matter	to the following:			
	Lanc	Wel Costes Name of Person			
	Flurida Lim		CC.	20	
	14525 r	1W 2nd Aye Address	EGRETAK TALLAUJ H	2021 NOV -4 PM 3: 28	
	miami	F1 33168 City/State and Zip Code	ASSEE.F	A 라	
	Larabel Co	A-CJ 30S@ GMQL. Colo to be used for future annual report notif	n ication)	28	
For further information c	concerning this matter, please c		ixaan,		
Lanabel	COST PS	at (<u>786</u>) <u>(642-5</u> Area Code Daytime	757 Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee Certificate of Sta Certified Copy tadditional copy is e	atus &	
Mailing Addres Registration (Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations		
P.O. Box 632 Tallahassee. 1		The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Styles F	34 Lan
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number 120000 7669 25.	were filed on $8/27/707.0$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1756 N Pay (note 2) 1 Mram; fl 33132 2
Enter new mailing address, if applicable:	2045 BIS Cayron Bud #1/3
(Mailing address MAY BE A POST OFFICE BOX)	man: f1 33+372
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Land	off lutes
New Registered Office Address: 1756	N BOUSTUR DR Enter Florida street address
Miami	fl Slorida 33132 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

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	<u>Name</u>	Address	Type of Action
MGR	Lanabel Costes	14525 nw 2nd tye	□Add
			Remove
			□Change
			🗆 Add
			□ Remove
16RN	Lanabel (ores	1756 N Baysnure DE	☐ ☐ Change
\ <u>\\</u> \\			TIP-move
		SEE, F	28 30 □ Change
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		d effective date,	but not a	n effective	time, at 12:	01 a.m. on t	he earlier c	of: (b) - Tl	ne 90th da	iy after the
record	specifies a delaye d.									
record d is file	specifies a delaye	/	·	7.021	·					
e record d is filed	d.	[W		7.021		sentative of a	ı member			_