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JUN 2 4 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Strolling	in Style, LLC			
		ited Liability Company)		_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Joseph M. Sabag				
		(Name of Person)			
		(Firm/Company)			
	6850 NW 2nd Avenue, U	Init 11			
		(Address)			
	Boca Raton, FL 33487				
		(City/State and Zip Code)		No E	
For further information c	oncerning this matter, please c	all:		2000 JUN 23 SECRETARY	l'
Joseph M. Sabag		at (305) 542-5300		111	7 6
(Name	of Person)	(Area Code & Daytime T	elephone Number)	of STATE	Company Pile 201 201 201 201 201 201 201 201 201 201
Enclosed is a check for the	ne following amount:			02 m3	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

	Strolling in Style, LLC lity Company as it now appears on our record da Limited Liability Company)	i <u>s.</u>)			
The Articles of Organization for this Limited Liability Florida document number L08000043196	y Company were filed on April 30, 2008	and assigned			
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liability company bere:				
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)	HASSEE, F			
Enter new mailing address, if applicable:		FI.D			
(Mailing address MAY BE A POST OFFICE BOX)		Gri I			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	pistered office address on our records, <u>er</u> <u>ldress here</u> :	nter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	(Enter Florida stre	eet address)			
	. Florida				
	(Citv)	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac	<u>:tion</u>
MGRM	Yitshak Sabag	6115 SW 146 Court Miami, FL 33183	Add Remove	
<u>MGRM</u>	Lee Sabag	6115 SW 146 Court Miami, FL 33183		
			Add Remove	
			Add Remove	* . * *
		ANASSEL FLOTI	Section 1	
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessar	Remove	
_				
_				
Dated Jun	ne 19	, 2008		
	Signature of	Joseph M. Sabag		
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00