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AUG 2 0 2012 T. **HAMPTON**

COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CT:	Style	Mark, LĹC		
		Name of Limit	ed Liability Company		
The end	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspond	ence concerning this matter	to the following:		
			Kim Pepe		_
			Name of Person		
StyleMark, LLC			StyleMark, LLC		
2 Sunshine Address Ormond Beach,			Firm/Company		-
			2 Sunshine Blvd		
			Address		-
			mond Beach, FL 3217	4	_
			City/State and Zip Code		
			kpepe@fgxi.com	ort notification)	
For fur	ther information con	cerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Ki	m Pepe	at (_386)_	615-5968 Daytime Telephone Number	
	Name of P	erson	Area Code &	Daytime Telephone Numb	er
Enclose	ed 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 er	nclosed) Certifie	ate of Status &

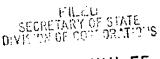
MAILING ADDRESS:

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



12 AUG 17 AM 11:55

(Name of the Limited Li (A F)	StyleMark, LLC ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document numberL1100013885	• •	12/9/2011 and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		:
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	r 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 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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title** <u>Name</u> **Address** ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) to correct FEI/EIN Number: 90-0823462 Signature of a member or authorized representative of a member Anthony DiPaola Typed or printed name of signee

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Filing Fee: \$25.00