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ALL AHASSET FLORIDA

COVER LETTER

	tration Sec		•			
SUBJECT: _	SUBJECT: New York Stylz, LLC					
Name of Limited Liability Company						
		mendment and fee(s) are suldence concerning this matter	-			
	,		g.			
	Beverly A. Williams					
N			Name of Person			
			Firm/Company			
230 Seneca Trail						
•			Address			
	Crestview, FL 32536					
	City/State and Zip Code • beverly07@cox.net					
		E-mail address: (to be used for future annual report notification	n)		
For further info	ormation co	ncerning this matter, please of	call:			
	Bever	ly A. Williams	at (_850_)376	-1085		
	Name of	Person	Area Code & Daytime Telo	ephone Number		
Enclosed is a c	heck for the	e following amount:				
▼\$25.00 Fili	ng F ee	\$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		tion Section of Corporations x 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is		

r.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New York S	tylz, LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>y as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company of Storida document number	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Style Mint	, LLC
he new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation
L.L.C."	
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<i>i</i>
•	
	,
3. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new
egistered agent and/or the new registered office address here	;
	12 ()
Name of New Registered Agent:	
New Registered Office Address:	
registered office Address.	Enter Florida street address a
	, Florida

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

ĭ

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ n
-10			- Damova
			· Add
	-		Add Remove
			Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if n	ecessary.)
			·
ated	September 5	2012 .	
	Boverly	a. Williamo	
	Signature of a	member or authorized representative of a member	
		Beverly A Williams Typed or printed name of signee	

4.

Page 2 of 2

Filing Fee: \$25.00