

L12000130844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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18 JUN 27 AM 9:28
SEC. OF STATE
DIVISION OF CONCORDANCE

N COOPER

JUL 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio Styles LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNETTE STEVENS
Name of Person

Studio Styles LLC
Firm/Company

1450 EAST NORTH BLVD.
Address

LEESBURG FLA. 34748
City/State and Zip Code

ANNETTEDEUEL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNETTE STEVENS at (352) 634-0816
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

Studio Styles LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2012 and assigned Florida document number L12000130844.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18 JUN 27 AM 9:28
STATION OF
DIVISION OF
CORPORATION

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANNETTE STEVENS

New Registered Office Address:

1450 EAST NORTH BLVD.

Enter Florida street address

LEESBURG

City

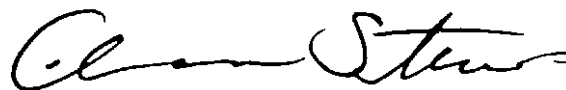
Florida

34748

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paula Mayo		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECTION 16
DIVISION OF CORRECTIONS
18 JUN 27 AM 9:28

SECRET
DIVISION OF CONSTITUTIONS
18 JUN 27 AM 9:28

6-25-18

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6-25-18

Signature of a member or authorized representative of a member

ANNETTE STEVENS

Typed or printed name of signee