

L13000009477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

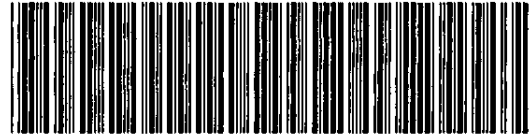
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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FEB 19 2012
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ULTRA STYLE 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:

KIDANNYA SANCHEZ
Name of Person

ULTRA STYLE LLC
Firm/Company

179 NORTH LAKE CT
Address

KISSIMMEE FLORIDA 34743
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIDANNY A. SANCHEZ at (321) 746 4869
Name of Person Area Code & Daytime Telephone Number

Enclosed 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 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ULTRA STYLE 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 01-18-2013 and assigned
Florida document number L13000009477

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 end with 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)

615 INGRAHAM AVE
HAINES CITY FLORIDA
33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

179 NORTH LAKE CT.
KISSIMMEE FLORIDA 34743

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:

ZAIDE HERNANDEZ JAIMES

New Registered Office Address:

1317 DOVER DRIVE
Enter Florida street address
KISSIMMEE, Florida 34758
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.

Zaide Hernandez
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

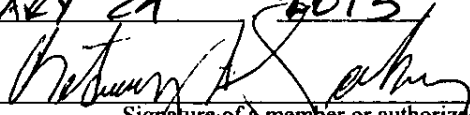
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ZAIDE HERNANDEZ	1317 DOVER DRIVE KISSIMMEE FL 34758	<input checked="" type="checkbox"/> Add
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

JANUARY 21 2013



Signature of a member or authorized representative of a member

Kidaday A. Sanchez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FL 32303