

L 14000028501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

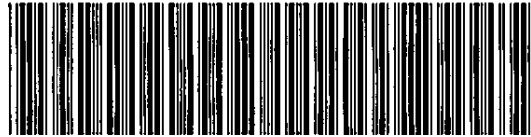
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

YALEIBIS FLORENTANO
PO BOX 7095
ST PETERSBURG, FL 33734

SUBJECT: BESTRONGWITHSTYLE.LLC.
Ref. Number: L14000028801

We have received your document for BESTRONGWITHSTYLE.LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00009724

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beststrongwithstyle . 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:

Yaleibis B. Florentano
Name of Person

Beststrongwithstyle . LLC
Firm/Company

702 6th Street North #2
Address

St Petersburg - Florida 33701
City/State and Zip Code

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

For further information concerning this matter, please call:

Yaleibis B. Florentano at (239) 851 3360
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BESTRONGWITHSTYLE. 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 Feb 19, 2014 8Am and assigned Florida document number L14000028801.

This amendment is submitted to amend the following:

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

~~Bestrongwithstyle LLC~~

Be Strong with Style, LLC

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)

702 6th Street North

St Petersburg Florida 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 7095

St Pete FL 33731

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:

YALEIBIS B. Florentano

New Registered Office Address:

702 6th Street North # 2

Enter Florida street address

St Petersburg

Florida

City

14 MAY 19 PM 3:13
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

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.

Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
	Lidia P. Francati	1047 Central Ave.	<input type="checkbox"/> Add
		St Petersburg FL 33705	<input checked="" type="checkbox"/> Remove
	Lidia Patricia Francati	3104 South Manatee Drive	<input type="checkbox"/> Add
		St Petersburg Beach, FL 33706	<input checked="" type="checkbox"/> Remove
MGR AMBR	Yaleibis Florentano	P.O. Box 7095	<input checked="" type="checkbox"/> Add
		St Pete FL 337134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 MAY 19 11:31 AM
 TALLAHASSEE, FLORIDA
 SEAL OF THE
 STATE OF FLORIDA

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

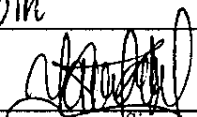
Mailing to PO Box #7095

ST. Petersburg FL. 33714

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 30th, 2014



Signature of a member or authorized representative of a member

Melbis B. Florentino

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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14 MAY 19 PM 3:13
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TALLAHASSEE, FLORIDA