L14000047218

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COVER LETTER

Division of Corpor	ations		•	
SUBJECT: 25	tylevp	.,		
	Name of Lim	ited Liability Company		
The enclosed Articles of Amo	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	5	Sarah Cullen Name of Person		
		RStyleve LLC Firm/Company		
-	2620	Sunvale Court		
	Cape	Coral, FL 339 City/State and Zip Code	91 - L 22	The same that he was
_		to be used for future annual report notific	amail. Como	1 3 4
For further information conce	erning this matter, please c	all:	55 S	
Saral Name of Per	Cullen son	at (239) 494 - Area Code Daytime	OB 22 Telephone Number	
Enclosed is a check for the fo	ollowing 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:

TO:

Registration Section

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

		(20)
12	Style VP LLC	22 2
· · · · · · · · · · · · · · · · · · ·	Company as it now appears on our records.) inited Liability Company)	5-12 5=
		2 2
The Articles of Organization for this Limited Liability Com	pany were filed on $3/21/20$	214 and assigned
Florida document number <u>L 14 000047218</u> .	, ,	
This amendment is submitted to amend the following:		D: 55
A. If amending name, enter the new name of the limited	l liability company here:	•
•		
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2620 Sunu	ale Court
(Principal office address MUST BE A STREET ADDRES	S) 2620 Sunv Cape Coral	FL 33991
Enter new mailing address, if applicable:	2620 Sunv	ale Court
(Mailing address MAY BE A POST OFFICE BOX)	2620 Sunv. Cape Coral	FL, 33991
B. If amending the registered agent and/or register		enter the name of the n
registered agent and/or the new registered office addres	s <u>here</u> :	
·	(.,	
Name of New Registered Agent:	(No new agent)	
New Registered Office Address:	(No new agent) 2620 Sunvale Cou	rt
•	Enter Florida street address	_
	Cape Coral , Flori	_{da} 33991
	City	Zin 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ms. AMBR	Aimee Wetmore	17456 Woodland Trace Unit A Fort Myers, FL 33908	Add Remove
		200 200 200 200 200 200 200 200 200 200	Add Remove 2 Add
			□ Remove
			□ Remove□ Add□ Remove

	ng any other info							
		<u> </u>				·	-	
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he date this	document is filed by	the Florida Depart	artment of State)	i med date and canne	or the more man 50 da	iys antei		
Dated	July	17	. 201	4.				
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Filing Fee: \$25.00