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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIRAL STYLE, L.L.C.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRAL STYLE, L.L.C.			
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 6/25/2014  Florida document number L14000101914		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LC" or	the abhreviation "I = C"	
Enter new principal offices address, if applicable:	4618 Eagle Falls Place		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33619		
Enter new mailing address, if applicable:	4618 Eagle Falls Place	100 H	
(Mailing address MAY BE A POST OFFICE BOX)	Tempa, FL 33619	THE ST	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, <u>en</u>	ter the name of the ne	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Cin	Zin Cada	

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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). If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) nd cannot be more than 90 days after
Dated NOVEMBER 19 2014	
Signature of a member or authorized rept	
Christopher J. Denicolo, Esq., as Authorized R	) a musa a saladi ya

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Filing Fee: \$25.00

