

#L14000129820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

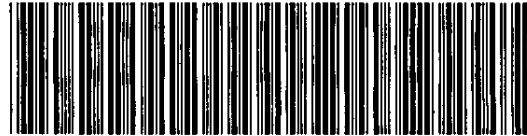
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 13 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

D, STYLE, LLC
VICTOR L CORRALIZA MUNIZ
2772 MOORING CT. #202
LANTANA, FL 33462

SUBJECT: D, STYLE, LLC
Ref. Number: L14000129820

We have received your document for D, STYLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 314A00019397

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D, 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:

Victor Luis Corraliza
Name of Person

Firm/Company

2772 Moorings Court apt 202
Address

Lantana, FL 33462
City/State and Zip Code

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

For further information concerning this matter, please call:

Victor L. Corraliza at (787) 202-1522
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 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

D, STYLE, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 214000129820

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)

Boynnton Beach Mall
801 N. Congress Ave 759
Boynnton Beach, FL, 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2772 Moorings Court #202
Lantana, FL, 33462

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: _____

New Registered Office Address: _____

Enter Florida street address

City

, Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Victor L. Corraliza</u>	<u>Muniz 2772 Moorings Court</u>	<input checked="" type="checkbox"/> Add
		<u>202,</u>	<input type="checkbox"/> Remove
		<u>Lantana, FL 33462</u>	
<u>MGR</u>	<u>Victor Luis Corraliza</u>	<u>2272 Moorings Court</u>	<input type="checkbox"/> Add
		<u>apt 202</u>	<input checked="" type="checkbox"/> Remove
		<u>Lantana, FL 33462</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

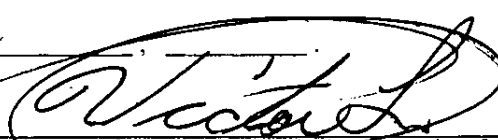
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TALLAHASSEE, FLORIDA

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

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 26/9/14



Signature of a member or authorized representative of a member

Victor L. Corraliza Muñoz

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA