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IN 20 2016 J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
CHIDA	YOUR STY	LE LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspor	dence concerning this matter	to the following:	
		LAWRENCE HABER		
			Name of Person	
		LAW OFFICES OF LAW	RENCE H. HABER, P.A.	
	LAW OFFICES OF LAWRENCE H. HABER, P.A. Firm/Company			
		6 ESCONDIDO CIRCLE,	SUITE 55	
			Address	
		ALTAMONTE SPRINGS.	, FL 32701	
			City/State and Zip Code	
		LAWRENCEHABER@GM		
		E-mail address: (to be used for future annual report notific	ation)
For fu	irther information co	ncerning this matter, please ca	ail:	
LAW	RENCE HABER		407 451-2000 at ()	
	Name of	e of Person Area Code Daytime Telephone Number		
Enclo	sed is a check for the	e following amount:		
■ \$2	25.00 Filing Fee	S30.00 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

YOUR STYLE LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{\text{L16000007153}}{\text{L16000007153}}$.	any were filed on 01/11/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
GRACE & BELLA, LLC	
The new name must be distinguishable and contain the words "Limited Lia	iability 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))
	The state of the s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	रता नह
internity data tess man be an out of the boar	المسالية الم
	27 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	d office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
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Effective date, if other than the date of filing: [In an effective date, if other than the date of filing: [In an effective date is listed, the date must be specific and ecannot be prior to date of filing or more than 90 days after filing.) Pursuant locument's effective date in the Department of State's records. [In a specifie and elayed effective date, but not an effective time, at 12:01 a.m. on the line of a member of authorized representative of a member of authorized representative of a member.] [In a specifie and leaved after the record is filed.]	pective date, but not an effective time, at 12:01 a.m. on the earlier of siled. 2016 2016 2016 2016 2016 2016 2016 2016 2017 2018 2018 2018 2018							
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LAWRENCE HABER, AUTHORIZED AGENT	HORIZED AGENT Typed or printed name of signee		Signature of a member	r or authorized repre	sentative of a men	iber	- 	-:-
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Filing Fee: \$25.00