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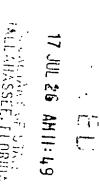
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## **COVER LETTER**

TO: Registration 9 Division of Co			
Her Style	His Way LLC		
SOBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Feleisha Pollard		
		Name of Person	<del></del>
	Her Style His Way LLC		
		Firm/Company	<u> </u>
	824 SE Ravenswood St		
		Address	
	Palm Bay FL 32909		
		City/State and Zip Code	
	Feleishapollard@gmail.con	to be used for future annual report noti	lication)
For further information	concerning this matter, please ca	·	
Feleisha Pollard		321 806-6910	
Name	of Person	at () Area Code Daytim	e 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

Her Style His Way LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 08/01/2016	and assigned
Florida document number L16000143775	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		<i>S</i> ≥ <b>N</b>
Mailing address MAY BE A POST OFFICE BOX)		me P
		<u> </u>
		ORN.
B. If amending the registered agent and/or regis		rds, enter the name of the
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Feleisha Pollard	YZH SE REYROS WOOD ST ROLLIN BOW H BOULD	
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fective date, if other than the date must be offective date is tisted, the date must be offective date inserted in this block cument's effective date on the Department.	e specific and o c does not me	cannot be prior eet the applic	to date of filing able statutory	or more than 90 d filing requireme	_ (option <b>al</b> lays after filin ents, this dat	g.) Pursuant to	605.02 listed a
record specifies a delayed e		ate, but no	t an effectiv	e time, at 1	2:01 a.m	on the ea	arlier
The 90th day after the recor							
July 20		2017	<u></u> ·				
11/1/ML	Mille	Pol		nive of a membe		1 - M	

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Filing Fee: \$25.00