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OCT 03 2016 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O1
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on SOPT 1, 16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7 = 2
(Principal office address MUST BE A STREET ADDR	ESS) <u>留到</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PR THE
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Ciny 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	
AMRD -	Authorized	Mamb

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elnabeth silva MAR	16691 SW 205 AVC	Add
•		M19Mi, F1 33187	☐ Remove
			☐ Change
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		□ Remove □ Changer	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	,
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5 (2) (2)	_ =====================================
<u> </u>	نتور آن مارسی – مارسی
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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.	— 05.0207 (3)(sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier of:
Dated Signature of a member of authorized representative of a member	
Elizabeth Silva Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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Open with

Electronic Articles of Organization For Florida Limited Liability Compan

Article I

The name of the Limited Liability Company is: STYLE & GRACE LLC

Article II

The street address of the principal office of the Limited Liabilit 16691 SW 205TH AVE MIAMI, FL. US 33187

The mailing address of the Limited Liability Company is:
16691 SW 205TH AVE
MIAMI, FL. US 33187

Article III

The name and Florida street address of the registered age

ELIZABETH SILVA 16691 SW 205TH AVE MIAMI, FL. 33187

Having been named as registered agent and to accept service of process I liability company at the place designated in this certificate, I hereby accept agent and agree to act in this capacity. I further agree to comply with the relating to the proper and complete performance of my duties, and I am I obligations of my position as registered agent.

Registered Agent Signature: ELIZABETH SILVA

Article IV

The effective date for this Limited Liability Company shall be: 09/07/2016

Signature of member or an authorized representative

Electronic Signature: ELIZABETH SILVA

I am the member or authorized representative submitting these Articles of facts stated herein are true. I am aware that false information submitted it of State constitutes a third degree felony as provided for in s.817.155, F.: file an annual report between January 1st and May 1st in the calendar year and every year thereafter to maintain "active" status.

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