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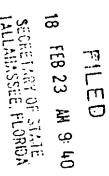
(Requestor's Name)
(Requestors Harney
(Address)
(Address)
Charles No.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	n Section Corporations
SUBJECT: 222 St	de Loft LLC
SOBJECT.	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Melanie Bu
	Name of Person
	222 Style Loft LLC
	Firm/Company
	20001 NW 57 CT
	Address
	Hialeah, FL 33015
	City/State and Zip Code
	222styleboutique@gmail.com E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Melanie Bu	786 4993324
Nai	ne of Person Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:
3 S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

222 Style Loft LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nied Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on November 10, 2016	and assigned
Florida document number 1.16000207445		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
222 Style Boutique LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	S)	
		21/19 00
Inter new mailing address, if applicable:		FEB 2
Mailing address MAY BE A POST OFFICE BOX)		A CONTRACTOR
Maining address MAT BE A POST OFFICE BOX)		F 50 00 F
 If amending the registered agent and/or registered egistered agent and/or the new registered office address 	d office address on our records, <u>chere</u> :	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			SECRITORIST STALLANDSSEE. FL
			Removed Programme Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change

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Pective date, if other than the date on effective date is listed, the date must be spe	of filing:	0.71	(optional)	
ne: If the date inserted in this block do	es not meet the applica	to date of filing or more that able statutory filing requi	rements, this date will	nant to 605.02 not be listed :
cument's effective date on the Departm	ent of State's records.			
record specifies a delayed effec The 90th day after the record is	ctive date, but not filed.	t an effective time,	at 12:01 a.m. on t	he earlier
ted February 12th	2018	<u>)</u> .		
	Palint	/ Do 4		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00