117000066890

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600297132496

03/30/17--01014--010 **25.00

FILED
2011 HER TO A 10: 00
SECRETARY OF STATE

S Warren MAR 3 1 2017

COVER LETTER

TO:	Registration Se Division of Cor			
CHDI		le Squad LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and fec(s) are sub	unitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jonathan Brown		
			Name of Person	
			Firm/Company	
		6521 Manila Palm Way		
			Address	
		Apollo Beach, FL 33572		
			City/State and Zip Code	
		jmbrown06@gmail.com	4. h	
For fur	ther information co	e-man address: (to be used for future annual report notificall:	auon)
	an Brown	3	813 447-0222	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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

Stomi's Style Squad LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/23/2017 and assigned Florida document number L17000066890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stormi's Style Squad LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 , Florida City 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

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
			☐ Change		
			Add		
			□ Remove		
			☐ Change		
			_ □ Add		
			□ Remove		
			☐ Change		
		!	Remove		
			Change		
					
			☐ Remove		
			Change:		
		3 7 1 1			
			OF STATE OF Remove		
		5	Change		

					
•			_		
		 -			
-					
-					
,					
•					
-					
-					
-	·				
_					
f an efi Note:	ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records.	(optiona es after fili ts, this da	ng.) Purs	suant to 605. not be liste	.0207 (ed as t
	ord specifies a delayed effective date, but not an effective time, at 12 90th day after the record is filed.	:01 a.m	ı. on t	he earlie	er of:
ated	March 28th 2015.				
	MM	<u>.</u>	2811		
	Signature of a member or authorized representative of a member	3 - 20 3 - 20		$\overline{\Pi}$	
	Tooling M. Barra	TAR	E A	-	2) XX
	Typed or printed name of signee	SE OF	0 /	m	;
		F ST	A 10: 00	D	
	Page 3 of 3	RE	00		
	Filing Fee: \$25.00	P	1.0		