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COVER LETTER

	ion Section of Corporations	
	RMI'S STYLE SQUAD LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	les of Amendment and fee(s) are submitted for filing.	
Please return all	rrespondence 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	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Jonathan Brown	813 447-0222 at ()	
	lame of Person Area Code Daytime Telephone Number	
Enclosed is a che	for the following amount:	
€ \$25.00 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	tatus &

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

Stormi's Style Squad		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recor- ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 1/19/19	and assigned
Florida document number 1.17000066890		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Styled By Stormi LL C		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	1	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		99 #
3. If amending the registered agent and/or registered		ls, enter the name of the n
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	388
	. F 1	lorida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
		 	
			□ Remove
			Change
			<u>·</u> □ Add
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Effective date, if other than the liften effective date is listed, the date many source. If the date inserted in this bedocument's effective date on the liften and the liften are source.	lock does not meet the appl	icable statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605.0207 (3 rements, this date will not be listed as th
he record specifies a delaye The 90th day after the re		ot an effective time,	at 12:01 a.m. on the earlier of:
Dated	2019	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00