

L180000065914

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((1190000160513)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC
Account Number : 72370860875
Phone : (407)381-6117
Fax Number : (407)381-2387

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maryluz@sptaxfl.com

LLC AMND/RESTATE/CORRECT OR NM/G RESIGN
STYLIFE LLC

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2019 JAN 15 AM 8:48

FILED

T. CLINE
JAN 17 2019
EXAMINER

2019 JAN 15 PM 3:40

H190000160513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: StyleLife LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelvin E. Pena Orellana

Name of Person

StyleLife LLC

Firm/Company

13257 Glacier National Dr. Apt. 6102

Address

Orlando, FL 32837

City/State and Zip Code

3Kwindowtint@gmail.com

E-mail address: (to be used for future annual report notification)

JAN 16 AM 8:48

For further information concerning this matter, please call:

Kelvin E Pena Orellana at (407) 454-3186

Name of Person

Area Code

Daytime 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

H190000160513

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Style life 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 3/13/2018 and assigned
Florida document number L18000065914

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

3K WINDOWTINT 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**)

6612 Mission Club Blvd #108
Orlando, FL 32821

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6612 Mission Club Blvd #108
Orlando, FL 32821

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:

6612 Mission Club Blvd #108

Enter Florida street address

Orlando

City

Florida

32821

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

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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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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U. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2013 JUN 15 AM 8:48

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F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is linked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 40 CFR 2.207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the decedent's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 3 2019

Signature of a teacher or authorized

Signature of a lecturer or authorized representative of a member

Kelvin E Pena Orellana

Type of printed matter or subject:

#190008160513