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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G&VSTYLE 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:

JOEL FRIEND

Name of Person

JOEL FRIEND & ASSOCIATES

Firm/Company

2863 EXECUTIVE PARK DRIVE SUITE 105

Address

WESTON FLORIDA 33331

City/State and Zip Code

JOEL@JOEL.FRIEND.COM

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

For further information concerning this matter, please call:

JOEL FRIEND

954
at ()

704-1040

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

2018/07/17 P 3:03

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G&VSTYLE 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 03/23/2018 and assigned
Florida document number L18000075866.

This amendment is submitted to amend the following:

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

LITIO STYLE AND DESIGN 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)

60 SW 13 STREET

PH 5214

MIMAI, FLORIDA 33130

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

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 attending 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>
MGR	GIOVANNA DE LA CRUZ	201 SE 2ND AVE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE M PARRA	60 SW 13 STREET PH 5214	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO A VILLALON	60 SW 13 STREET PH 5214	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2011/10/10

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

(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 605.0207(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 document'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 May 14, 2018

Signature of a member or authorized representative of a member

LUCIA I VILLALON

Typed or printed name of signer