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(Reques	stor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

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COVER LETTER

TO: Registration Division of C			
Holly An	n Style, LLC		
<u> </u>	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Holly Ennen		
		Name of Person	
	Holly Ann Style		
		Firm/Company	
	175 1st St. S, #1604		
		Address	
	St. Petersburg, FL 3370	1	
		City/State and Zip Code	
	holly@hollyannstyle.com		
For further information	n-mail address: (to be used for future annual report not all:	ilication)
Holly Ennen		608 438-7217	
Namo	e of Person	Area Code Daytin	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holly Ann Style, LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L18000121063	Company were filed on May 15th 2018	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abb	oreviation "L.L.C	
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADE	DRESS)	6 0	/18F0
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		20	- 전화 - 2년:0
Enter new mailing address, if applicable:		79	250C
(Mailing address MAY BE A POST OFFICE BOX)			₹ <u>.</u>
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			 _
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		he name of	the nev
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 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>	Type of Action
MGR	Holly Ennen	175 1st St. S, #1604	= Add
-		St. Petersburg, FL 33701	□ Remove
			Change
			□ Remove
			Change
			□ Remove
		_	☐ Change
			Add
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(If an et <u>Note:</u>	tive date, if other than the date of filing:	05.0207 (3)(1 sted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	ier of:
Datec	Hally Com	
	Signature of a member or authorized representative of a member	
	Holly Ennen Typed or printed name of signee	

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Filing Fee: \$25.00