

L18 000168551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

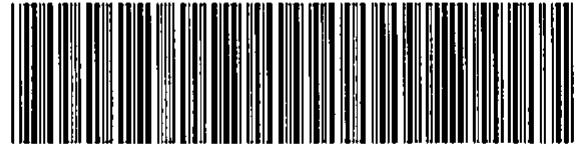
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O SIMMONS

MAY 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stylaholix 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:

Taejhia N. Water

Name of Person

Stylaholix LLC

Firm/Company

7258 Lancashire Ct.

Address

Jacksonville, FL 32219

City/State and Zip Code

Stylaholix@icloud.com

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

For further information concerning this matter, please call:

Taejhia N. Waters

904

535-1068

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
P	Taejhia N Waters	7258 Lancashire Ct.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Nandi Water	3615 Owen Ave	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tonya Hilton Waters	3608 McMillan Ave	<input type="checkbox"/> Add
		Jacksonville, FL 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 MAY 15 PM 2:18

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)(

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 _____



Signature of a member or authorized representative of a member

Taejhia Waters

Typed or printed name of signee