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COVER LETTER

10:	Registration So Division of Cor		•	•
SUBJI	RISTYLEI	STYLE & DESIGN CONSU	JLTANTS LLC	
	<u></u>	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		RITA ABRAMSON		
			Name of Person	
		4125 NW 24TH TERRAC	Firm/Company E	
		BOCA RATON, FL 33431	Address	·
		DJBYCK@MSN.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fun	ther information c	oncerning this matter, please ca	all:	
DAVII	D BYCK		561 350-9278 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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



	C
e Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
	were filed on 3/15/19 and assigned
ame of the limited liab	pility company here:
in the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 4125 NW 24TH T	
••	BOCA RATON, FL 33431
le:	4125 NW 24TH TERRACE
FICE BOX)	BOCA RATON, FL 33431
	ited Liability Company ne following: ame of the limited liability the words "Limited Liability Liability the words "Limited Liability the words"

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
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If an offe <u>Note:</u> I	we date, if other than the decrive date is listed, the date must lift the date inserted in this blockers's effective date on the Dep	oe specific and o	cannot be prior to	o date of filing ble statutory	g or more than 90 r filing requires	(optional) Odays after filing.) ments, this date v	Pursuant to 605.0207 will not be listed as
ne reco	ord specifies a delayed 90th day after the reco	effective da d is filed.	ite, but not	an effecti	ive time, at	12:01 a.m. d	on the earlier of
Dated _	SEPTEMBER 4	· ,	2019	_ •			
					tative of a memi	oer .	
	RITA ABRAMSON	,		•			
		শ	yped or printed	name of sie	105		

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Filing Fee: \$25.00