L19000 148658

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COVER LETTER

TO: Registration Division of C			
	BY ROXANA LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Angela Roxana Meneses		
		Name of Person	
		Firm/Company	
	2002 COLONIAL PARC I	DR .	
		Address	
	Tampa FL, 33612		
		City/State and Zip Code	<u> </u>
	himer. 73. E-mail address: (t	o be used for future annual report notif	Com-
For further informatio	n concerning this matter, please ca	ill:	
Amela Ro) Kana Moneses	at(<u>813)</u> <u>370</u> -	4248.
Nam	e of Person	Area Code Daytime	: Telephone Number
	r 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

STYLES BY ROXANA LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our road Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 06/04/2019	and assigned
Florida document number L19000148658	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	nited 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 ADD	RESS)	. 5
		- <u></u>
		2 : 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or reg	istered office address on our re dress here:	cords, enter the name of the n
regardren agent and or me tree		
Name of New Registered Agent:		
New Registered Office Address:		
New Neglatered Office / Namesa.	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Angela Roxana Meneses	2002 COLONIAL PARC DR	■ Add
		Apt 204 Tampa FL 33612	□ Remove
			Change
			🗀 Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
		<u> </u>	□ Remove
			Change
			☐ Remove
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			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessor	ary.)
	<u> </u>
	
	
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E. Effective date, if other than the date of filing:	al) ing.) Pursuant to 605.0207 (3 ate will not be listed as th
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.r (b) The 90th day after the record is filed.	n. on the earlier of:
Dated JUNE 25th . 2019.	
Signature of a member or authorized representative of a member	
Angela Roxana Meneses.	

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Filing Fee: \$25.00