

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : VANJOPI SOLUTIONS INC
 Account Number : I20220000179
 Phone : (201)658-4981
 Fax Number : (407)289-8988

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RN STYLES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. BRUMBLEY

DEC 13 2022

2022 DEC 12 AM 9:28
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

2022 DEC 12 11:23:36

11 H220004161853
COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RN STYLES, 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:

MARIA P VENTURA

Name of Person

VANJOPI SOLUTIONS INC

Firm/Company

9469 CANDICE CT

Address

ORLANDO, FL 32832

City/State and Zip Code

VANJOPI@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA P VENTURA

201 658-4981

Name of Person

at (_____)_____
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

H220007161800
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RN STYLES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 DEC 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/29/2019 and assigned
Florida document number L19000192450.

This amendment is submitted to amend the following:

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

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:

12451 S ORANGE BLOSSOM TRAIL SUITE # 117

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32837

Enter new mailing address, if applicable:

12373 TURTLE GRASS DR

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32824

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

11 14220004161283

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

CHANGE THE PRINCIPAL ADDRESS FROM : 1921 STABLE DR, APT 102 ORLANDO, FL 32837, TO

NEW ADDRESS : 12451 S ORANGE BLOSSOM TRAIL, SUITE # 117, ORLANDO, FL 32837.

CHANGE THE MAIL ADDRESS FROM : 1921 STABLE DR APT 102 ORLANDO, FL 32837, TO

NEW ADDRESS : 12373 TURTLE GRASS DR, ORLANDO FL 32824.

CHANGE THE AUTHORIZED PERSON ADDRESS FROM : 1921 STABLE DR APT 102, ORLANDO, FL 3283

TO : 12373 TURTLE GRASS DR, ORLANDO FL 32824.

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

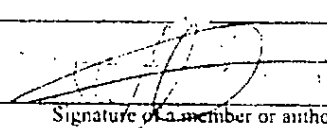
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 12-10

2022


Signature of a member or authorized representative of a member

ROSSANY D NAVA

Typed or printed name of signee