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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
oun irz	Halo Style,	Halo Style, LLC				
Name of Limited Liability Company						
The encl	osed Articles of .	Amendment and fec(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Angela Wynn-Stewart				
			Name of Person			
		Wynn Law Offices, LLC				
			Firm/Company			
		300 S. Daytona Ave., #877	7			
			Address	·		
		Flagler Beach, FL 32136				
		awynn4u@aol.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	tification)		
For furth	ner information c	oncerning this matter, please ca	all:			
Angela Wynn-Stewart		386 338-3462 at ()				
	Name o	f Person		ne Telephone Number		
Enclosed	l is a check for th	ne 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:			HER ADDRESS:			
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration Sect Division of Corpo			
			Clifton Building 2661 Executive C			
			Tallahassee, FL 32301			

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halo Style, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on and as
Florida document number L19000197603	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the abbreviation "l.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	1
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	сту Умр соце
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar wirewided for in Chapter 605, F.S. Or, if this doc

If Changing Registered Agent, Signature of New Registered Age

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
MGR	Angela Wynn-Stewart	2704 S. Ocean Shore Blvd Flagler Beach, FL 32136	
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(If an et <u>Note:</u>	tive date, if other than the fective date is listed, the date mus. If the date inserted in this bluent's effective date on the Defective date.	it be specific and ock does not m	cannot be prior to da eet the applicable	ate of filing or mor statutory filing	(opti re than 90 days after requirements, thi	filing.) Pursuant to
	cord specifies a delayed e 90th day after the rec		ate, but not ar	n effective tir	ne, at 12:01 a	a.m. on the ea
Datec	September 23	,	2019			1
	CF	Signature of a sin	nember or authorize	d representative o	f a member	
	Angela Wynn-Stewart					
			Typed or printed na	me of signee		

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

Page 3 of 3

Filing Fee: \$25.00