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## **COVER LETTER**

	Registration So Division of Co					
SUBIEC		LDR LLC				
Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		LOVETTE DOBSON				
			(s) are submitted for filing.  this matter to the following:  BSON  Name of Person  LLC  Firm/Company  RWY 249 STE 220  Address  77064  City/State and Zip Code  CFILE.COM  I address: (to be used for future annual report notification)  r, please call:  at (			
		INCFILE.COM LLC	Name of Limited Liability Company  rendment and fee(s) are submitted for filing.  rence concerning this matter to the following:  LOVETTE DOBSON  Name of Person  INCFILE.COM LLC  Firm/Company  17350 STATE HWY 249 STE 220  Address  HOUSTON, TX 77064  City/State and Zip Code  FILE1234@INCFILE.COM  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  388  Area Code  462-3453  Daytime Telephone Number  Illowing amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
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	Division of Corporations  BLESSEDLDR LLC    Name of Limited Liability Company					
			d fee(s) are submitted for filing.  DOBSON  Name of Person  OM LLC  Firm/Company  TE HWY 249 STE 220  Address  ATX 77064  City/State and Zip Code  DINCFILE.COM  E-mail address: (to be used for future annual report notification)  matter, please call:  at (  Area Code Daytime Telephone Number  ount:  ling Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810			
		HOUSTON, TX 77064				
			Name of Limited Liability Company  ent and fee(s) are submitted for filing. oncerning this matter to the following:  ETTE DOBSON  Name of Person  ILE.COM LLC  Firm/Company  D STATE HWY 249 STE 220  Address  STON, TX 77064  City/State and Zip Code  1234@INCFILE.COM  E-mail address: (to be used for future annual report notification)  this matter, please call:  at ( Area Code Daytime Telephone Number of Status & Certificate of Status & C			
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			•	ification)		
For furthe	r information co	oncerning this matter, please c	all:			
LOVETT	E DOBSON					
	Name of	f Person		ne Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 Filing Fee	- <del></del>	Certified Copy	Certificate of Status & Certified Copy		
F C P	Registration S Division of Co P.O. Box 632	ection orporations 7	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STYLER OF THE TANK

Zip Code

	BLESSEDL			21 JUN 21 PH 1: 35
(Name of the Limited I	Liability Compa Florida Limited I	ny as it now appear liability Company)	s on our records	<del>)</del> 1:35
The Articles of Organization for this Limited Liabi	ility Company	were filed on 10/	31/2019	and assigned
Florida document number L19000272693	·			•
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	e limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the de	signation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			
			· <del></del>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office a ere:	ddress on our re	cords, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
		Enter Florid	la street address	
			, Flor	ida

## 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.

City

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

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<u>Title</u>	Name	Address 21 JUN 21 PH 1: 35	Type of Action
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		Altamonte Springs, FL 32714	■Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be plote:  If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	prior to date o policable stat	f filing or n tutory filir	nore than 90	(option  ) days after ments, this	filing.) Pursu	ant to 605.020 ot be listed a:
record specifies a delayed effective date, but not an effectivis filed.	ve time, at 1	2:01 a.m.	on the ear	lier of: (b)	The 90th	day after the
June 14 , 2021	·					
Jacob Hunter of a member of a	uthorized rep	<u>Ca</u> presentative	of a memb	er		<del></del>
Jacob Hunter Brooks	·					
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