# L20000021780

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C. GOLDEN OCT - 7 2020

## **COVER LETTER**

TO:

Registration Section

Div	ision of Co	rporations		
SUBJECT:	JRM Styli:	ng & Design LLC	•	
SUBJECT.	,	Name of Lin	nited Liability Company	
The enclosed	l Articles of	*Amendment and fee(s) are sul	emitted for filing	
			_	
Please return	all correspo	ondence concerning this matter	to the following:	
		Timothy Moltisanti		
			Name of Person	
		JRM Styling & Design LI	.C	
			Firm/Company	<del></del>
		41 Warden Lane		
		100	Address	
		St. Augustine, FL 32095		
		jrmstyling@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please c	all:	
Timothy Mol	ltisanti		904 814-1461 at ( )	
	Name o	f Person		ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling Fee	S30.00 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)
	ing Addres		Street Address: Registration S	ection
Division of Corporations		Division of Co		
	Box 632		The Centre of	
rana	ahassee, F	1L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRM Styling & Design LLC		<u> - 4 1 1 - 2</u> 8 FN 7128
(Name of the Limited L (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on January 14, 2020	and assigned
Florida document number 1.20000021780		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	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> </u>	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address h		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u>-</u>	, Florid	a
	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 added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jessica Moltisanti	41 Warden Lane	□Add
		Saint Augustine, FL 32095	=Remove
			□Сhange
MGR	Timothy Moltisanti	41 Warden Lane	
		Saint Augustine, FL 32095	
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Add
			□Remove
			Change

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(If an eff <u>Note:</u>	tive date, if other than the fective date is listed, the date mut of the date inserted in this beaut's effective date on the I	ast be specific and cannot be polock does not meet the ap-	plicable statutory filing rec		
If the recor	rd specifies a delayed effecti led.	ve date, but not an effectiv	re time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
Dated	August 17	2020			
Saicu	John !	Matters  / Signature of a member or a	uthorized representative of a	member	
	· \ \ \ \ \	-	-		

Typed or printed name of signee