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COVER LETTER

TO:

TO: Registration S Division of Co			r i	•
SUBJECT:		FENOMSTYLE		
	Name of Lin	nited Liability Company		•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Sonia Becerra		_
		Name of Person		
		Swyft Filings		
		Firm/Company	-	_
		3 Greenway Plaza #1320		2021 JUL 26 PH 2: 12 SECRETARY OF STATE
		Address		
		Houston, TX 77046		26 26
		City/State and Zip Code		38. 10. 10.
		filings@swyftfilings.com		S S
	E-mail address: (to be used for future annual report	notification)	TATE 12
For further information (concerning this matter, please c	all:		
Sonia I	Becerra	at (877) 77	7-0450	
Name (of Person		vtime Telephone Numb	er
Enclosed is a check for t	he following amount:			
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	eate of Status &
Mailing Addre		Street Address		
Registration Division of (Registration Division of O		
P.O. Box 632	27		of Tallahassee	
Tallahassee,	FL 32314	2415 N. Mor	rroc Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FENOMS	TYLE		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears o bility Company)	n our reçords.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	08/07/202	and assigned
Florida document number 1.20000239939			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:	:	
FENOMSTYI			
The new name must be distinguishable and contain the words "Limited Liability	Company," the desig	nation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2040 Sunset (Meadow Dr	
Principal office address MUST BE A STREET ADDRESS)	Clearwater,	FL 33763	202 JI SECRI
Enter new mailing address, if applicable:	2040 Sunset l	Meadow Dr	ENARY C
Mailing address MAY BE A POST OFFICE BOX)	Clearwater.	FL 33763	S J
_		·	<u> 프로 : </u>
3. If amending the registered agent and/or registered office adorgent and/or the new registered office address here:	dress on our reco	ords, <u>enter the</u>	name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	stand addmes	
	r.mer r ionda	sireei adaress	
-	Citu	, Floric	da <u>Zip Code</u>
	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>	Address	Type of Action
AMBR	FELICIA MAYE	2040 Sunset Meadow Dr	
		Clearwater, FL 33763	□Remove
			∏ Change
			Add
			□Remove
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ective date, if other than the date of filing:		(optional)		
effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	e of filing or more than 9 statutory filing require	0 days after filing)	Pursuani vill not	t to 605.020 be listed a
cord specifies a delayed effective date, but not an effective time, a sfiled.	t 12:01 a.m. on the ea	rtier of: (b) The	90th da	ay after the
ed July 13 2021				
H. 1	representative of a mem	by		
Significant of a member or sufficiency				