

LA1000011654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

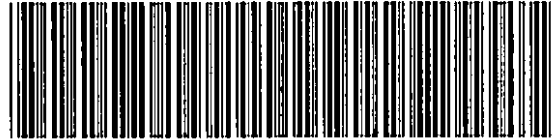
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no signature

Office Use Only



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09/16/21--01020--001 **25.00

FILED

2021 MAY 21 AM 11:57

S.C.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Therealstyl1 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:

Ralph Saintilien

Name of Person

Firm/Company

2637 E Atlantic BLVD #1106

Address

Pompano Beach FL 33062

City/State and Zip Code

Therealstyl1@yahoo.com

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

For further information concerning this matter, please call:

Ralph Saintilien

954

9946498

at (_____) _____

Name of Person

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
Tallahassee, FL 32303

2021 MAY 21 AM 11:57



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RECEIVED

2021 MAY 21 AM 8:13

FLORIDA DEPARTMENT OF STATE

Division of Corporations

May 5, 2021

RALPH SAINTILIEN
2637 E. ATLANTIC BLVD
#1106
POMPANO BEACH, FL 33062

SUBJECT: THEREALSTYLL LLC
Ref. Number: L21000011654

We have received your document for THEREALSTYLL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 921A00009321

2021 MAY 21 AM 11:57

11:57

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

Therealstyl LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/04/2021 and assigned
Florida document number L21000011654.

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:

(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 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:

Ralph Saintilien

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

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>	<u>Type of Action</u>
MGR	Ralph Saintilien		<input checked="" type="checkbox"/> Add
		CEO Ralph Saintilien	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

I would like to remove the "SR" in the registered agent name it was a mistake.

I would like to remove the CEO title in "Ralph Saintilien" and replace it with MGR and remove the "SR" from the name as well

Anything else from the LLC remain the same thank you

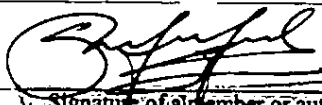
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 _____



Signature of a member or authorized representative of a member

Ralph Saintilien

Typed or printed name of signer

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[Previous On List](#) [Next On List](#) [Return to List](#)

THEREALSTYLL

No Events **No Name History**
Detail by Entity Name

Florida Limited Liability Company
THEREALSTYLL LLC

Filing Information

Document Number L21000011654

FEE/EIN Number

NONE

Date Filed

01/04/2021

Effective Date

01/01/2021

State

FL

Status

ACTIVE

Principal Address

2637 E ATLANTIC BLVD
#1106
POMPANO BEACH, FL 33062

Mailing Address

2637 E ATLANTIC BLVD
#1106
POMPANO BEACH, FL 33062

Registered Agent Name & Address

SAINTILIEN, RALPH (SR) → Remove
2637 E ATLANTIC BLVD
#1106

POMPANO BEACH, FL 33062

Authorized Person(s) Detail

Name & Address

Title CEO → change to MGR

SAINTILIEN, RALPH (SR) → Remove
2637 E ATLANTIC BLVD #1106
POMPANO BEACH, FL 33062

Annual Reports

No Annual Reports Filed

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