

L21000066225

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

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2021 JUL 15 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STYLE SHOP 2021 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

JUL 16 2021

A. LUNT

H 210002704433

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STYLE SHOP 2021 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:

DESIREE TORRES

 Name of Person

SICONT ENTERPRISES OF AMERICA INC

 Firm/Company

13550 VILLAGE PARK DR. STE 255

 Address

ORLANDO FL 32837

 City/State and Zip Code

SUNBIZ.SICONT@HOTMAIL.COM

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

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 DIVISION OF CORPORATIONS
 21 JUL 15 PM 1:22

For further information concerning this matter, please call:

DESIREE TORRES

407

443-8973

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STYLE SHOP 2021 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 02/16/2021 and assigned
Florida document number L21000066225.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DABIOTSHOP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

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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	Patricia Carolina Iglesias Rodrigue;	730 WINTERS ST.	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elias Perez Dabiot	730 WINTER ST.	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ DABIOT GABRIELA	730 WINTER ST.	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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2 JUL 15 PM 1:22

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 7/14/2021

Elias Perez

Signature of a member or authorized representative of a member

ELLAS PEREZ DABIOT

Typed or printed name of signee

Filing Fee: \$25.00

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