# UUUD lo da a State Division of C 07/14/2021 5338P

Division of Corporations Electronic Filing Cover Sheet

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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Sunbiz. Swn+@ Hotmoal

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

	THE RESIDENCE OF STREET, SALES OF STREET,
Certificate of Status	0
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A. LUNT

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P.O. Box 6327

Tallahassee, FL 32314

#### **COVER LETTER**

rporations		
HOP 2021 LLC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	emitted for filing.	
ondence concerning this matter	to the following:	œ,
DESIREE TORRES		21 JUL 15 PH 1: 22
	Name of Person	
SICONT ENTERPRISES	OF AMERICA INC	15 Co
	Firm/Company	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
13550 VILLAGE PARK I	DR. STE 255	7. Z
	Address	
ORLANDO FL 32837		
	City/State and Zip Code	<del></del>
<del>-</del>		
E-mail address: (	to be used for future annual report notif	ication)
concerning this matter, please o	all;	
	407 443-8973 at ()	
of Person	Area Code Daytime	: Telephone Number
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Section		
	Name of Lim  Amendment and fce(s) are substituted by the substitute of the substitut	Name of Limited Liability Company  TAmendment and fee(s) are submitted for filing.  Indendence concerning this matter to the following:  DESTREE 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 at (1) and

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

H210002709433

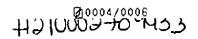
### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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   O2/16/202!  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 abbre  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)	
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 abbre Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	
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(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	reviation "L.C."
Enter new mailing address, if applicable:	JU 277
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	S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.S.
(Mailing address MAY BE A POST OFFICE BOX)	: 20 ATTO
	<u>x</u>
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
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>	Nume	Address	Type of Action
MGR	Patricia Carolina Iglesias Rodrigue;	730 WINTERS ST.	
		WEST PALM BEACH, FL 33405	■Remove
			Change
MGR	Elias Perez Dabiot	730 WINTER ST.	
		WEST PALM BEACH, FL 33405	■Remove
			Change
MGR	PEREZ DABIOT GABRIELA	730 WINTER ST.	<b>\</b> Add
		WEST PALM BEACH, FL 33405	□Remove
			□Change
			Remove
			Change
			DAdd
			Change
			DAdd
			Change

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f amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effect lote: If	date, if other than the date of filing:  (optional)  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursulate date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	ant to 605.0207 not be listed as
d is filed		i day after the
atcd	7/14/2021	
	Elias Perez	
	Signature of a member or authorized representative of a member	<del></del>
	ELIAS PEREZ DABIOT	

Filing Fee: \$25.00