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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		6/8/21 TM

Office Use Only



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COVER LETTER

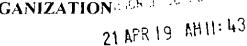
TO: Registration Section Division of Corporations	
SUBJECT: Fundamentals Name of Lim	of Style LLC Ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Dapk	nie Felder Name of Person
Fundar	mentals of Style
211 SW	15 ter Address
Homes	tead FL 33030 City/State and Zip Code
Fundamento E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Daphnie Felder Name of Person	at (786) 234 - 8145 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\times\$.\$30.00 Filing Fee \$\times\$ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OR SERVICE OF THE PROPERTY O



(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 2 9 2 and assigned Florida document number <u>L2100</u> 69088 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: New Registered Office Address: Enter Florida street address

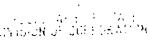
New Registered Agent's Signature, if changing Registered Agent:

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 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 21 APR 19 AM 11: 43

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daphnie Felder	211 SW 15 ter Homestead F1 33030	∐Add
			□Remove
			□Change
			□Add
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			Remove
			□Change
			□Add
			□Remove
			ClChange



. If amending any other information, enter change(s) here: (Attach additional sheats, if necessary) 13	
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Effective date, if other than the date of filing:	605,0207 (3) listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ord is filed.	ifter the
Dated April 12 . 2021	
Signature of a member or authorized representative of a member	
Kevin felder Typed or printed name of signee	

Filing Fee: \$25.00