

121000140738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

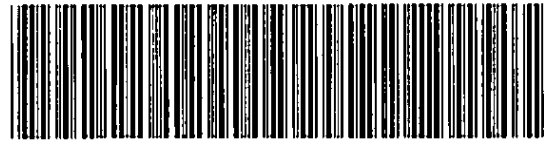
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/13/21--01026--020 **25.00

2021 JUN 14 AM 11:24

11:24

S.C.
06/15/21

2021 JUN 14 PM 1:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2021

MELISSA SAIENNI
9143 CYPRESS DRIVE S
FORT MYERS, FL 33967

SUBJECT: SUNSTYLED LLC
Ref. Number: L21000140738

We have received your document for SUNSTYLED 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.

The registered agent must sign accepting the designation.

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: 121A00011852

2021 JUN 14 A 11:24

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Sunstyled 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:

Melissa Saienni
Name of Person
Sunstyled LLC
Firm/Company
9143 Cypress Dr S
Address
Fort Myers, FL 33967
City/State and Zip Code
sunstyledllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Saienni 239 478-4705
Name of Person at () 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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11:24 AM JUN 14 2012

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

Sunstyled 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 3/25/2021 and assigned
Florida document number 121000140738.

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:

18731 3 OAKS PKWY STE 9- 218 FORT MYERS, FL 33967

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

18731 3 OAKS PKWY STE 9- 218 FORT MYERS, FL 33967

(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: Melissa Saiemmi

New Registered Office Address: 18731 3 OAKS PKWY STE 9- 218

Enter Florida street address

Fort Myers, Florida 33967

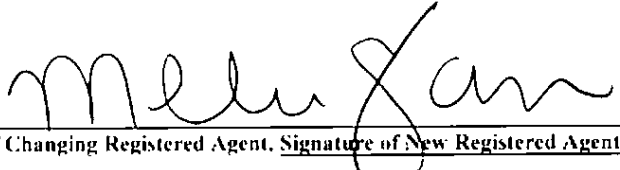
City

State

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>
AMBR	Melissa Saienni	18731 3 OAKS PKWY STE 9- 218 FORT MYERS, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)

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.

Melissa
Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00