121000293188

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bυ	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

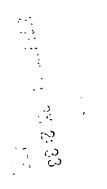




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8/23/2)



COVER LETTER

• TO:

Registration Section

Division of Cor	porations		
	to The Stylerie, LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Cherez Pouncey		
		Name of Person	
	The Stylerie, LLC	Solution of Limited Liability Company Solution of Person C Firm/Company Dr Address O3 City'State and Zip Code Leorn It address: (to be used for future annual report notification) r, please call: at (
		Firm/Company	
	The Styleric, LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing, since concerning this matter to the following: Cherez Pouncey Name of Person The Styleric, LLC Firm(Company) 1203 Ralph Poe Dr Address Apopka, FL 32703 City State and Zip Code thestyleric@gmail.com F-mut address: (to be used for future annual report notification) cerning this matter, please call: at (SSO 602-2602 at (Area Code Daytime Telephoce Number following amount: SSO. 602-1602 Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy tabilitional copy is enclosed: Registration Section Division of Corporations The Centre of Tallahassee		
	-	Address	
	Apopka, FL 32703		
		City'State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	be used for future annual report not	urication)
For further information c	oncerning this matter, please cal		
Kendra Ferguson		at i)	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
3 \$25.00 Filling Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration	Section	Registration S	
Division of C P.O. Box 633	•	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Stylerie, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records lability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 6/24 2021	and assigned
Purida document number <u>L21000293188</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
agent and/or the new registered writee address acre-		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street addres	w .
	U4.	orida
	, F10	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 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>	Type of Action
AMBR	MICHELLE M VELAZQUEZ	1205 WILLOW CREEK RD	□Add
		OCOEE, FL 34761	Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			⊔Add
			Change
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	C 25/2	0.21		
ffective date, if other than t an effective date is listed, the date i fore: If the date inserted in this ocument's effective date on the	block does not meet the a	prior to date of filing or more pplicable statutory filing t	(optional) than 90 days after filing.) Pursi equirements, this date will i	uant to 605.0207 (not be listed as t
record specifies a delayed effect I is filed.	tive date, but not an effect	ive time, at 12:01 a.m. or.	the earlier of: (b) The 90th	h day after the
rated July 15	2021			
ated	·	·		
X-				• 1
	Signature of a member or	r authorized representative of	a member	