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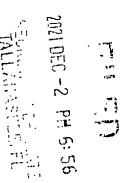
| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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| Special Instructions to | Filing Officer:    |           |

Office Use Only



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DEC 13 2021

## Attention: Florida Department of State

For amendment of the Articles of Crycnization of Styledby Dana New Name & Syledby Dana LLC

AMBR/Owner Dana A Allen

Phone number 6754-215-0883

Email & Styledbydanaz.0@gmail.com

Meturn Address & 1270 Hampton blud, Apt 727 North Landerdale FL, 33068

2021 DEC -2 PH 6: 56

#### **COVER LETTER**

| Division of Corp               | porations                                    |   |           |   |
|--------------------------------|--|---|-----------|---|
| SUBJECT:                       | Styled b<br>Name of Lim                      | LICOCA<br>ited Liability Company                                    |           |   |
| The enclosed Articles of a     | Amendment and fee(s) are sub                 | mitted for filing.  |           |   |
| Please return all correspon    | idence concerning this matter                | to the following:   |           |   |
|                                | Dana f                                       | Aller<br>Name of Person   |           |   |
|                                |  | N A<br>Firm/Company   |           |   |
|                                | 1270 Hamp                                    | to Olud Apt -   | 727       |   |
|                                | North Lauc                                   | City/State and Zip Code   | 8         | 2021 DEC -2<br>CEGIL ÁHA                |
|                                | E-mail address: (                            | dana Z - O Q Gma<br>to be used for future annual report notific     | cation)   | EC -2 PA                                |
| For further information co     | ncerning this matter, please ca              | all:  |           | 1 ' · · · · · · · · · · · · · · · · · · |
| Dana A F                       | Person                                       | at (154) Z15 -<br>Area Code Daytime                                 | OSB3      | 6: 56                                   |
| Enclosed is a check for th     | e following amount:                          |   |           |   |
| S25.00 Filing Fee              | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status &                           |
| Mailing Address Registration S |  | Street Address:<br>Registration Sect                                | tion      |   |
| Division of Co                 | orporations                                  | Division of Corp  | orations  |   |
| D (1 D (v 627)                 | i  | I ha Cantea at La   | Habaccaa  |   |

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Company as it                                      |  |
|---|--|
| (A Florida Limited Liability  | Company)   |
| The Articles of Organization for this Limited Liability Company were f            | iled on 118 2021 and assigned                              |
| Florida document number <u>LZ1000481647</u> .                                     | •  |
| This amendment is submitted to amend the following:                               |  |
| A. If amending name, enter the new name of the limited liability co               | ompany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Com | and the designation of LC" or the abbreviation of LC"      |
|   | pany, the designation 1.1.C. of the apprehimation 1.1.C.C. |
| Enter new principal offices address, if applicable:                               |  |
| (Principal office address MUST BE A STREET ADDRESS)                               |  |
|   | <u> </u>   |
|   |  |
|   | Æ X F  |
| Enter new mailing address, if applicable:   | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   | <u> </u>   |
|   | LE 2   |
| B. If amending the registered agent and/or registered office addres               | s on our records, enter the name of the new register       |
| agent and/or the new registered office address here:                              |  |
|   |  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
| New Registered Office Address.  | Enter Florida street address                               |
|   | 171  |
| Ci.   | r: Ziv Code  |
| Now Degictured Agent's Signature if changing Degictured 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | Address  | Type of Action   |
|--------------|--------------|--|--|
| AMBR         | DANA A ALLEN | 1414 S Prwerine rd, 301<br>Pompano Beach, FL 33069 | EAdd   |
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| ective date, if other than the date (   | of filing:                |                         |                     | (optional)          |                |                  |
| n effective date is listed, the date must be spe<br>te: If the date inserted in this block do | ecific and cannot be pric | or to date of filing of | or more than 90 day | es after filing.) P | ursuant to 605 | ,0207<br>ed as   |
| rument's effective date on the Departm  | nent of State's record    | s.                      |                     |                     |                |                  |
|   |                           |                         |                     |                     |                |                  |
| cord specifies a delayed effective date, s filed.   | , but not an effective    | time, at 12:01 a.       | ın. on the earlier  | of: (b) The S       | 00th day after | r the            |
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