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Office Use Only



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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	_	gie Stylez, LLC		
ocbole i.		Name of Lin	nited Liability Company	-
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Sarah South		
			Name of Person	
			Firm/Company	
			тинисотрану	
		447 Pineview Dr.		
			Address	
		Wewahitchka, FL 32465		
		cmered519@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please c	all:	
Cheryl Метес	dith		850 850-6397472 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
≘ \$ 25.00 Fi	ling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records. Liability Company))
were filed on 5/1/2024	and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Sarah South	850 JI
447 Pineview Dr	- U
Wewahitchka, FL 32465	
	() () () () () () () () () ()
•	
	enter the name of the n
_	
Enter Florida street address	
, Flor	rida
	447 Pineview Dr Wewahitchka, FL 32465 ffice address on our records, e: 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.

 Cin°

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Sarah South	447 Pineview Dr Wewahitchka, FL	B Add
			Remove
			Change
			Remove
			□ Change
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			□ Remove
			Change

	
	
(If an e	tive date, if other than the date of filing: [Solution 2] [Solution 3] [Solution 3] [Solution 3] [Solution 3] [Solution 4] [Solution 3] [Solution 4] [Solution 4] [Solution 5] [Solution 5] [Solution 4] [Solution 5] [Solution 5] [Solution 6] [Solution 7] [Solution 7] [Solution 6] [Solution 7] [Solution 7]
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	May 23 2024
Date	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00