

 !
(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

Office Use Only







COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	Teestylez s				
SUBJECT			ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
		Thea lindsay			
			Name of Person		
		Teestylez styles LLC			
			Firm/Company		
	1757 north nova road , suite 108 L				
			Address		
		Daytona Beach florida 3	2117		
		Teestylez876@gmail.com	City/State and Zip Code		
			to be used for future annual report notification)		
For further	information co	oncerning this matter, please ca	all:		
Thea Lind	say		386 299-0420		
	Name of	Person	Area Code Daytime Telephone Number		
Enclosed is	a check for th	e following amount:			
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

٠....

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teestylez styles LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on June 10 2024	and assigned
Florida document number L24000262721	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	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>	Address	Type of Action
CEO	Thea Lindsay	559 Live Oak Ave, Daytona Beach FL 32114	🗆 Add
			□Remove
			🗹 Change
			□Add
		·	□Remove
			□Change
			\ \ \ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remov e
			Change
			□ Add
-			□Remove
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	☐ Remove

_						
	· · · · · · · · · · · · · · · · · · ·					
		·····				
		<u> </u>		 -		
			- · · · · · · · · · · · · · · · · · · ·			
					 	
				•		
			<u></u>			
		··			 .	·
fective c	date, if other th	an the date of fil	ling:		(option:	al)
	e date is listed, the one date inserted in	date must be specific this block does no	and cannot be prior of meet the application	to date of filing or more able statutory filing r	than 90 days after fili equirements, this d	ing.) Pursuant to 605.02 ate will not be listed
n effectiv	s effective date or	n the Department o	of State's records.	, ,	•	
in effective ote: If th						
n effective ote: If the cument's						m 00.1 1 0 .1
in effective ote: If the ocument's record spe	ecifies a delayed (effective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
an effective ote: If the ocument's record species filed.					the earlier of: (b)	The 90th day after th
an effective ote: If the ocument's record species filed.					the earlier of: (b)	The 90th day after th
an effective ote: If the ocument's record species filed.		effective date, but			the earlier of: (b)	The 90th day after the
in effective ote: If the ocument's record species filed.			, 2024			The 90th day after the
an effective ote: If the ocument's record species filed.			, 2024			The 90th day after the

Filing Fee: \$25.00