

L24000375344

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

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(Document Number)

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STATE OF FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJG STYLES
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:

Schelda Gomez
Name of Person

SJG STYLES
Firm/Company

15174 SW 49 St.
Address

Davie Fl. 33331
City/State and Zip Code

asgomez11@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Schelda Gomez at 954, 557-1471
Name of Person 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

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

SJG STYLES 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 8-26-24 and assigned Florida document number L24000375344

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:

(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 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:

Schelda Gomez

New Registered Office Address:

15174 SW 49st.
Enter Florida street address

Davie Florida 33331
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.

Schelda Gomez
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I was told the Authorized Person should have my name: Schelda Gomez, instead of the word (Norie)

I tried to open a business checking account and the bank told me I couldn't and I need an amendment

I have an EIN # 99-4637625

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 9/30/2024

Schelda Gomez
Signature of a member or authorized representative of a member

Schelda Gomez
Typed or printed name of signee