

M24000003443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

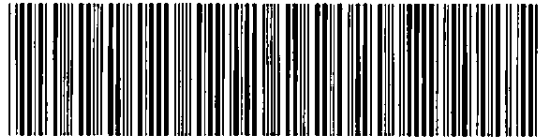
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 12 PM 4:21
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TALLAHASSEE
FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSTYLE GLOBAL FASHION LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michel Stevens

Name of Person

Firm/Company

160 NE 163rd St

Address

Miami Beach, Florida 33162

City/State and Zip Code

Info@sunstyleglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel Stevens at (510) 368-8774
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2024 SEP 12 PM 4:20
STC
TALL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SUNSTYLE GLOBAL FASHION LLC

Enter new principal office address, if applicable: 160 NE 163rd St

(Principal office address
MUST BE A STREET ADDRESS) Miami Beach, FL 33162

Enter new mailing address, if applicable: 160 NE 163rd St

(Mailing address
MAY BE A POST OFFICE BOX) Miami Beach, FL 33162

2. The Florida document number of this limited liability company is: M24000003443

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 03/01/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Michel Stevens

New Registered Office Address: 160 NE 163rd St

Enter Florida Street Address

Miami Beach, Florida 33162
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.

Steven Michel
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

New Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BENJAMIN ALBERT	4161 CARAMBOLA CIR S	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Remove
MGR	MICHEL STEVENS	160 NE 163RD ST	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Steve Nichols

Signature of the authorized representative

MICHEL STEVENS

Typed or printed name of signer

Filing Fee: \$25.00

2008 SEP 12 PM 4:20
FILED
STATE
TALLAHASSEE
SEP 12 2008