

L11000103673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

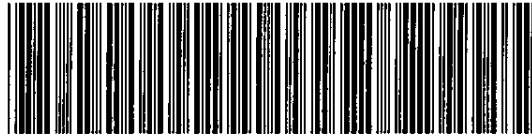
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR -3 PM 2:56

APR 24 2012  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HA STYLE FOR LIVING LLC**  
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:

**ALVARO CORDOBA**  
Name of Person

**HA STYLE LLC**  
Firm/Company

**1076 KANE CONCOURSE**  
Address

**BAY HARBOR ISLANDS**  
City/State and Zip Code

**ALVAROCORDOBA2003@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ALVARO CORDOBA** at ( **305** ) **316-1960**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 APR -3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 20, 2012

ALVARO CORDOBA  
1076 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154

SUBJECT: HA STYLE FOR LIVING LLC  
Ref. Number: L11000103673

We have received your document for HA STYLE FOR LIVING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the address for the registered agent.

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00009751

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

**HA STYLE FOR LIVING 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 9/12/2011 at assisted

Florida document number L11000103673.

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DIVISION OF CORPORATIONS  
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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 end with 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)**

5743 HOLLYWOOD BLVD  
\_\_\_\_\_  
HOLLYWOOD, FL 33021

**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: JULIO C. DE LOS RIOS

New Registered Office Address: 5743 HOLLYWOOD BLVD

*Enter Florida street address*

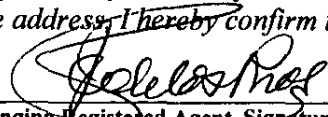
HOLLYWOOD, Florida 33021

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                                      | <u>Type of Action</u>  |
|--------------|----------------|---|--|
| MGR          | ALVARO CORDOBA | 1076 KANE CONCOURSE<br>BAY HARBOR ISLANDS, FL 33154 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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Dated MARCH 15, 2012

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 HECTOR ARELLANO  
 \_\_\_\_\_  
 Typed or printed name of signee