

L11000103673

(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:

wrong form

Office Use Only



100270940011

03/25/15--01017--002 **43.75

FILED
15 MAY -1 PM 2:32
SECURITY
FALLAPAS

Amendment

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HA STYLE FOR LIVING LLC

DOCUMENT NUMBER: L11000103673

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO C DE LOS RIOS
Name of Contact Person
DLR PROFESSIONAL SERVICES INC
Firm/ Company
5743 HOLLYWOOD BLVD
Address
HOLLYWOOD, FL 33021
City/ State and Zip Code

DLRCORP@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO C DE LOS RIOS at (954) 8164119
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
 FALL 2001
 15 MAY - 1 PM 2:32
 FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

JULIO C DE LOS RIOS
DLR PROFESSIONAL SERVICES INC
5743 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

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 \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong amendment form. Please complete the attached limited liability company amendment form.

Please return 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 115A00006261

RECEIVED

15 APR 13 PM 3:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Cushing, Diane

From: Julio Delosrios <dlrcorp@aol.com>
Sent: Thursday, April 30, 2015 6:37 PM
To: Cushing, Diane
Subject: Re: Ha Style for Living LLC

Ms. Diane Cushing:
You can do everything necessary to solve this matter.
Thank you very much for your help.

Julio C de los Rios

-----Original Message-----

From: Cushing, Diane <Diane.Cushing@DOS.MyFlorida.com>
To: DLRCORP <DLRCORP@AOL.COM>
Sent: Tue, Apr 21, 2015 12:19 pm
Subject: Ha Style for Living LLC

Mr. De Los Rios

I still cannot process this amendment at this time. You have an effective date listed which you cannot list. The form clearly states the effective date must be specific, cannot be prior to the date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State. Can I just remove 12/31/2014 from the form or do you want to list a date after March 25th which is the original date received in the office for this amendment?

Diane C. Cushing
Senior Section Administrator
Amendment Section
Division of Corporations
(850) 245-6913
(850) 245-6897 (Fax)

@ItsWorkingFL

The Department of State is committed to excellence. Please take our Customer Satisfaction Survey .

**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 09/12/2011 and assigned Florida document number L11000103673.

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)

FILED
15 MAY - 1 PM 2:32
SECRETARY
TALLAHASSEE

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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

MGR = Manager

AMBR = Authorized Member

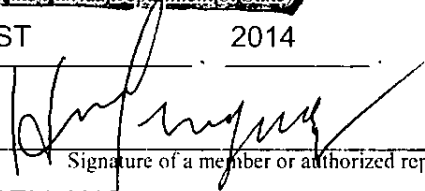
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALVARO CORDOBA	1076 KEANE CONCOURSE	<input type="checkbox"/> Add
		BAY HARBOR ISLANDS	<input checked="" type="checkbox"/> Remove
		FL 33154	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/>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

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

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

~~(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 20 days after the date this document is filed by the Florida Department of State)~~

Dated DECEMBER 31ST 2014



Signature of a member or authorized representative of a member

HECTOR ARELLANO

Typed or printed name of signee

FILED
15 MAY - 1 PM 2:32
SECRETARY
TALLAHASSEE