

L14000046313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

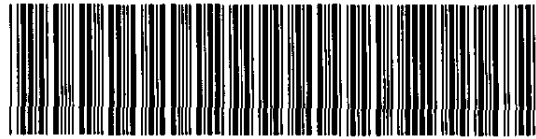
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500264881685

RECEIVED  
14 OCT 13 PM 4:22  
DIVISION OF CORPORATIONS

FILED  
14 OCT 13 AM 10:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

5/12  
10/14/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 306495 7986906  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

ORDER DATE : September 22, 2014  
ORDER TIME : 3:23 PM  
ORDER NO. : 306495-010  
CUSTOMER NO: 7986906

DOMESTIC AMENDMENT FILING

NAME: OH MY GELISH, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

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

OH MY GELISH, 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 03-20-2014 and assigned Florida document number L14000046313.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OH MY GEL, LLC

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)

FILED  
14 OCT 13 AM 10:35  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

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: \_\_\_\_\_

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

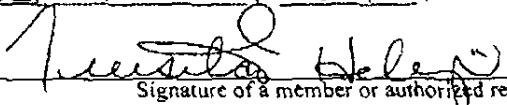


D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated October 7, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Teresita Hernandez, Member  
\_\_\_\_\_  
Typed or printed name of signee

STATE OF FLORIDA  
ALL AMBASSSE, FLORIDA

14 OCT 13 AM 10:35

FILED