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EXAMINER

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EDUARDO ANTON

Attorney at Law 1385 Coral Way, Suite 406 Miami, Florida 33145-2941 Fax (305) 856-2070 Telephone (305) 856-1233 E-mail: <u>Eantonlaw1@aol.com</u>

November 6, 2009

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Name of Barbara Palacios Design Company L.L.C.

MONDY 12 PH 2: 34
STONE JARY OF STATE
ATTACASSEE, FLORIDA

Dear Sir or Madam:

Enclosed herewith please find the Articles of Amendment changing the name of the above-captioned corporation to BEAUTIFUL PEOPLE CREATIONS, L.L.C., together with my check for \$30.00 and a self addressed stamped envelope to return the Certificate of Status.

Thanking you for your cooperation, I remain,

Very truly yours,

EDUARDO ANTON

EA/la

COVER LETTER

TO: Registr Division		ection porations				
SUBJECT:	ВА	ARBARA PALACIOS	DESIGN COMPA	NY, L.L.C.		
		Name of Limit	ted Liability Company		•	
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspo	ondence concerning this matter	to the following:			
					75E 200	
			Eduardo Anton	5 5 -	Į.	
			Name of Person		2009 NOV 12 SECRETARY	na ka
Eduar			do Anton, Attorney at			
			Firm/Company		PH 2: 34 0F STATE S. FLORID.	
138			5 Coral Way, Suite 40	원본 3		
			Address			
		٨	Miami, Florida 33145			
		_				
E-mail address: (to be used for future annual report notification)					-	
For further infor	rmation o	concerning this matter, please c	-	,		
	EDU	ARDO ANTON	at (305)	856-1233		
Name of Person			Daytime Telephone Numb	oer		
Enclosed is a ch	eck for t	he following amount:				
2 \$25.00 Filing		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARBARA PALACIOS DESIGN COMPANY, L.L.C.

(Name of the Limited	I Liability Compa A Florida Limited	any as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L0400003		y were filed on	May 20, 2004	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company her	<u>re</u> :	
BEAUTII	UL PEOPLE	CREATIONS, L	L.C.	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Compa	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	Same		7009 N
(Principal office address MUST BE A STREE	ET ADDRESS)			AR Q T
				288
Enter new mailing address, if applicable:		Same		PH 2
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter (</u>	the name of the new
	Same			
New Registered Office Address:	- Jane	Er	nter Florida street ada	lress
			. 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 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 **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove □ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) member or authorized representative of a member Domingo Alvarez

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee