

L04000038296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

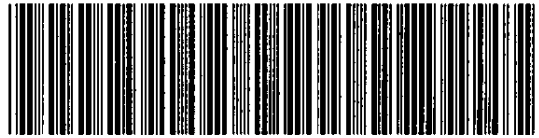
Special Instructions to Filing Officer:

A. LUNT

NOV 13 2009

EXAMINER

Office Use Only



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11/08/09--01055--007 \$**30.00

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2009 NOV 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: . Registration Section
Division of Corporations

SUBJECT: BARBARA PALACIOS DESIGN COMPANY, L.L.C.
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:

Eduardo Anton

Name of Person

Eduardo Anton, Attorney at Law

Firm/Company

1385 Coral Way, Suite 406

Address

Miami, Florida 33145

City/State and Zip Code

Eantonlaw1@aol.com

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

For further information concerning this matter, please call:

EDUARDO ANTON

Name of Person

at (305) 856-1233

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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09 NOV 11 PM 2:03
TALLAHASSEE FLORIDA

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

Dated 11-4-09

Signature of a member or authorized representative of a member
Domingo Alvarez
Typed or printed name of signee