

L05000014202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

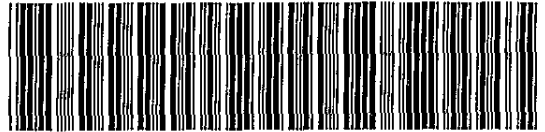
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -1 PM 3:15

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiara Professional Distributing, 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:

Angela Castellano

(Name of Person)

A Professional Makeover, LLC.

(Firm/Company)

411- NW 10th Terrace

(Address)

Hallandale Beach, Florida 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Castellano

(Name of Person)

at (954) 464-9021

(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

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

Chiara Professional Distributing, LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 2/10/2005 and assigned
document number L05000014202

SECOND: This amendment is submitted to amend the following:

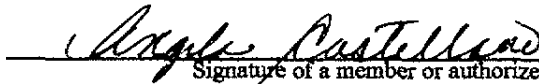
Name and Address change from Chiara Professional Distributing, LLC

1725 Avenida Del Sol Boca Raton, Florida 33432 To

A Professional Makeover, LLC 411- NW 10th Terrace

Hallandale Beach, Florida 33009

Dated November 30, 2005



Signature of a member or authorized representative of a member

Angela Castellano

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC - 1 PM 3:15

APPROVED
AND
FILED

Filing Fee: \$25.00