

LD5000019034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

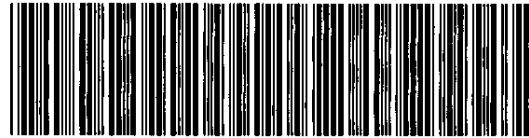
(Business Entity Name)

(Document Number)

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10/28/13--01023--020 **25.00

2013 OCT 28 AM 9:23

J. S. SAUNDERS

J. S. SAUNDERS
EXAMINER

OCT 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bacio Bacio Bridal Salons, 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:

Albert Boyd

Name of Person

MWK Management, Inc.

Firm/Company

14925 Stirrup Lane

Address

Wellington, FL 33414

City/State and Zip Code

aboyd@evergreenholdings.com

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

For further information concerning this matter, please call:

Pat DiSalvo, CPA

Name of Person

at **(561) 659-1177**

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

2013 OCT 28 AM 9:23

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

Bacio Bacio Bridal Salons, 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 2/25/2005 and assigned
Florida document number L05000019034.

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)

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

City, 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:

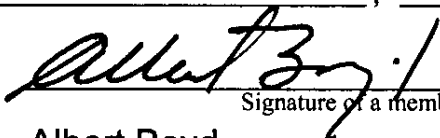
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Catalina Family Partnership, LTD	14925 Stirrup Lane Wellington, FL 33414	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	MWK Management, Inc.	14925 Stirrup Lane Wellington, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated 10-15-2013



Signature of a member or authorized representative of a member

Albert Boyd

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 28 AM 9:23
STATE
IDA