

L08000086183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

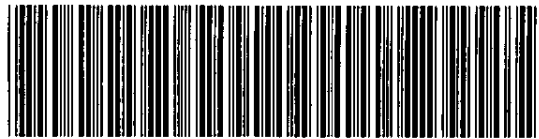
(Business Entity Name)

(Document Number)

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10/27/08--01008--019 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV - 7 PM 2:51

W
BRYAN OCT 28 2008

J. BRYAN

NOV 10 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2008

MAGDI BASKRUN
BEAUTY SECRET CENTER, LLC
11123 N DALE MABRY HWY
TAMPA, FL 33618

SUBJECT: BEAUTY SECRET CENTER, LLC
Ref. Number: L08000086183

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We have received your document for BEAUTY SECRET CENTER, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 708A00055289

ITS CENTER, INC.

INCOME TAX SERVICE

15145 SHAW RD
TAMPA FL 33625

TEL: 813 960-5334
813 960-5994
FAX: 813 265-2457

November 3, 2008

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Beauty Secret Center, LLC
Document #: L08000086183

I am referring to your letter dated Oct, 28, 08 (copy attached). I have enclosed the corrected form for the amendment required.

Kindly process the amendment and reimburse my client the difference between the check amount \$52.50 and the required fee \$25.00.

Thank you very much for your help.

Samia Wahba

Samia Wahba
Accountant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEAUTY SECRET CENTER, 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:

SAMIA WAHBA
(Name of Person)

ITS CENTER, INC.
(Firm/Company)

15145 SHAW ROAD
(Address)

TAMPA, FL 33625
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

BEAUTY SECRET CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 10, 2008 and assigned
Florida document number L08000086183.

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)

, 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>
MGR	ADEL F ABDELMALAK	12634 NICOLE LANE TAMPA, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SOBHY F ABDELMALAK	12634 NICOLE LANE TAMPA, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EMAD I ISTEFAQOUS	12634 NICOLE LANE TAMPA, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GERGIS F ABDELMALAK	12634 NICOLE LANE TAMPA, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ASHRAF F ABDELMALAK	12635 NICOLE LANE TAMPA, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ESSAM S ISHAK	8909 CITRUS VILLAGE DR #206 TAMPA, FL 33626	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated _____,



Signature of a member or authorized representative of a member

MAGDI BASKRUN

Typed or printed name of signee

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