L08000097274

(Re	equestor's Name)	
(Ac	idress)	<u>.</u> .
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section
Division of Corporations

URINGT. Vanity Lounge, 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:

Maria N. Parrales

Name of Person

Firm/Company

5685 SW 80th Street, Apt. D

Address

Miami, Florida 33143

City/State and Zip Code

nati_305@yahoo.com

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

For further information concerning this matter, please call:

Maria N. Parrales

786₎457-4246

Name of Person

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)

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

VANITY LOUNGE, L.L.C.		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp. Florida document number L08000097274	pany were filed on 10/15/2008	and assigned
i fortua document riamoci		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MIAMI PRO ARTISTS, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	>:
		<u> </u>
		- Taran
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9- 1
		7 10
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	4-	
	Enter Florida s	treet address
		orida
	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>Address</u> **Type of Action Title** <u>Name</u> Add Remove Remove 3 X.C. Add Remove Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
- Dated	November 19, 2013
Jaieu	
	Signature of a member or authorized representative of a member
	MARIA N. PARRALES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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