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(City/State/Zip/Phone #)

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EXAMINER



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FILED
10 DEC 15 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Harari Consulting LLC
4644 W Gandy Blvd, Suite # 4-423, Tampa, FL 33611

December 13, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Per the instructions to amend the Articles of Organization of a Florida Limited Liability Company, I am sending this cover letter with my daytime telephone number and return address.

Daytime telephone number: (727)512-4510

Return Address: 4644 W Gandy Blvd.
Suite # 4-423
Tampa, FL 33611

If you have any questions please do not hesitate to contact me.

Sincerely,



Amin Harari
Harari Consulting LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harari Consulting 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:

Amin Harari
Name of Person

Harari Consulting LLC
Firm/Company

4644 W Gandy Blvd #4-423
Address

Tampa, FL 33611
City/State and Zip Code

amin@realbeautycollection.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amin Harari at 728 512-4510
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) ☐ \$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**

Harari Consulting 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 January 27, 2009 and as Florida document number LO9000008797.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4644 W Gandy Blvd
Suite # 4-423
Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4644 W Gandy Blvd
Suite # 4-423
Tampa, FL 33611

B. If amending the registered agent and/or registered office address on our records, enter the name of 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:

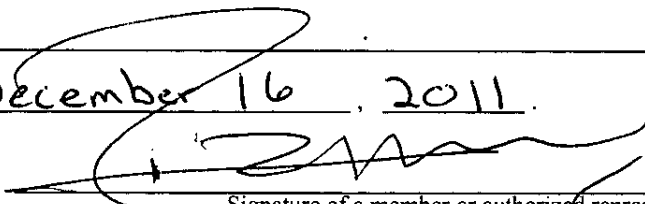
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	RAFAEL HARARI	5823 Bowen Daniel Dr #1601 Tampa, FL 33616	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AMIN HARARI	5823 Bowen Daniel Dr #1601 Tampa, FL 33616	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DANIEL HARARI	5823 Bowen Daniel Dr #1601 Tampa, FL 33616	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 16, 2011



Signature of a member or authorized representative of a member

RAFAEL HARARI

Typed or printed name of signee