

L09000025678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

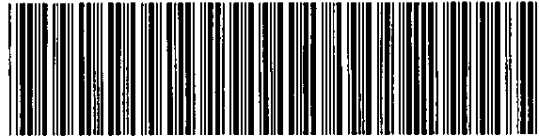
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 MAR -4 AM 8:46

C. LEWIS

FEB 28 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2013

MARIE CLAUDIO / MARIE CLAUDIO LLC
2709 ANGEL MIST CT
MASCOTTE, FL 34753

SUBJECT: MARIE CLAUDIO BEAUTY CONSULTING SERVICES, LLC
Ref. Number: L09000025678

We have received your document for MARIE CLAUDIO BEAUTY CONSULTING SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$25.00.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00001156

*Amounts differ
on check
Check returned
on 2-8-13*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2013

MARIE CLAUDIO / MARIE CLAUDIO LLC
2709 ANGEL MIST CT
MASCOTTE, FL 34753

SUBJECT: MARIE CLAUDIO BEAUTY CONSULTING SERVICES, LLC
Ref. Number: L09000025678

We have received your document for MARIE CLAUDIO BEAUTY CONSULTING SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00001156

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marie Claudio Beauty Consulting Services 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:

Marie Claudio

Name of Person

Marie Claudio LLC

Firm/Company

2709 Angel Mist Ct

Address

Mascotte, FL 34753

City/State and Zip Code

marie@marieclaudio.com

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

For further information concerning this matter, please call:

Marie Claudio

Name of Person

at (407) 443-8064

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 MAR -4 AM 8:46

Marie Claudio Beauty Consulting Services 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 3/16/2009 and assigned
Florida document number L09000025678.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Marie Claudio, LLC

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)

2709 Angel Mist Ct

Mascotte, FL 34753

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2709 Angel Mist Ct

Mascotte, FL 34753

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:

2709 Angel Mist Ct

Enter Florida street address

Mascotte

Florida 34753

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marie Claudio	2709 Angel Mist Ct	☐ Add
		Mascotte, FL 34753	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 MAR -4 AM 8:46

Dated

12/28/12

Marie Claudio

Signature of a member or authorized representative of a member

Marie Claudio

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00