

LD9000036695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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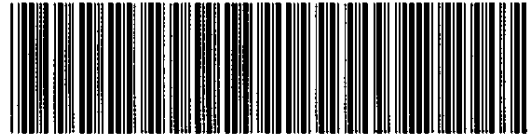
(Business Entity Name)

(Document Number)

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10 AUG -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEAUTY GROUP MERRICK POINTE, 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:

XIOMARA LEE

Name of Person

XIOMARA LEE P.A.

Firm/Company

2380 SW 80 CT

Address

MIAMI, FL 33155

City/State and Zip Code

XIOLEE@AOL.COM

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

For further information concerning this matter, please call:

XIOMARA LEE

Name of Person

at (305)

262-2323

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

10 AUG -6 AM 10:45

BEAUTY GROUP MERRICK POINTE, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/15/2009 and assigned

Florida document number L09000036695

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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:

LEIDY SUAREZ

New Registered Office Address:

3850 BIRD RD STE.103B

Enter Florida street address

CORAL GABLES

Florida

33146

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	LEIDY SUAREZ (99%)	3850 BIRD RD STE 103B CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LEONARDO RAIMONDO	3850 BIRD RD STE 103B CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANGEL C. SOTO	3850 BIRD RD STE 103B CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OSCAR REYES (1%)	3850 BIRD RD STE 103B CORAL GABLES, FL 33146	<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

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

ASSIGN NINETY-NINE PERCENT (99%) OF SHARES TO: LEIDY SUAREZ

ASSIGN ONE PERCENT (1%) OF SHARES TO: OSCAR REYES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -6 AM 10:55

FILED

Dated JULY 22, 2010

Signature of a member or authorized representative of a member

LEIDY SUAREZ

Typed or printed name of signee