

LD9000070439

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 17 2009

EXAMINER

COVER LETTER

Division of Corporations

SUBJECT: Embellish Me, 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:

April Ruiz
Name of Person
C/O Embellish Me, LLC
Firm/Company
5198 SW 141th Terrace
Address
Miramar, FL 33027
City/State and Zip Code
embellishme@bellsouth.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

April Ruiz at (954) 270-2476
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 ☒ ~~\$60.00 Filing Fee~~, Certificate of Status & (additional copy is enclosed)

Mailing address:

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

Registration Section
Clifton Building
Tallahassee, FL 32301

TO

OF

Embellish Me, 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 July 22, 2009 and assigned
Florida document number L09000070439.

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)

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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:

*the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability*

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	Yasmanny J Ruiz	5198 SW 141th Terrace Miramar, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gerard N Prophete II	3936 Charter Club Drive Doylestown, PA 18902	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gerard N Prophete II	3936 Charter Club Drive Doylestown, PA 18902	<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 July 23rd, 2009

April Ruiz
Signature of a member or authorized representative of a member

April Ruiz
Typed or printed name of signee

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TALLAHASSEE, FLORIDA