

LD9000109078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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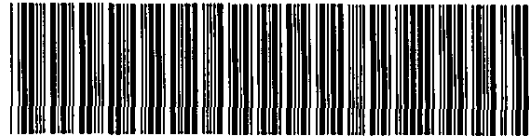
(Business Entity Name)

(Document Number)

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2013 NOV 26 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan

DEC 2 - 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH & BEAUTY CONNECTION 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:

ROSITSA STOYKOVA

Name of Person

HEALTH & BEAUTY CONNECTION LLC

Firm/Company

974 EXPLORER COVE #132

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

staff@kermalicpa.com

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

For further information concerning this matter, please call:

ROSITSA STOYKOVA

at () 407 517-8188

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**

FILED
2013 NOV 26 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HEALTH & BEAUTY CONNECTION 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 11/12/2009 and assigned
Florida document number L09000109078.

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: _____

ROSITSA STOYKOVA

New Registered Office Address: _____

974 EXPLORER COVE #132

Enter Florida street address

ALTAMONTE SPRINGS

City

, Florida 32701

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

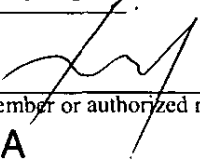
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STOYKOVA, ROSITSA	974 EXPLORER COVE #132	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Remove
CEO	STOYKOVA, ROSSITSA D	974 EXPLORER COVE #132	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Remove
MGR	JUVANI, DIANE	974 EXPLORER COVE #132	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32701	<input checked="" 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 19TH NOVEMBER, 2013



Signature of a member or authorized representative of a member

ROSITSA STOYKOVA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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