L10000001633

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2011 SEP 30 AM II: 13

T. HAMPTON

OCT - 8 2011

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Bee GI	amorous, LLC			
SOURCE.	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	<u> </u>	Carlos Alvarez			
		Name of Person			
	Bee Glamorous, LLC				
		Firm/Company			
	,	914 SW 140 Avenue			
		Address			
		Miami, FL 33184			
		City/State and Zip Code			
		elfa1beauty@aol.com to be used for future annual repor	at notification)		
		•	it notification)		
For further information	concerning this matter, please of	call:			
С	arlos Alvarez	at (786)	2732493 ·		
Name	of Person		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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:		

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

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 SEP 30 AM 11: 13 Bee Glamorous, LLC (Name of the Limited Liability Company as it now appears on our records OKETARY OF STATE (A Florida Limited Liability Company) TALL AHASSEE. FLORIDA 01/05/2011 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ L10000001633 Florida document number ___ 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: 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Bryan Torres	14444 SW 46 Terrace	☑ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.) ALLAHASSEE FLORIDA	FILED FILED AMII: 13
Dated	September 25 , 201	11	
-	CARLOS A	or authorized representative of a member LYAREZ or printed name of signee	

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Filing Fee: \$25.00