

LID 0000/6116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR - 4 2010

EXAMINER



300170925183

03/03/10--01017--026 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 3 PM 2:16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Be boutique hair and make up 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:

Edith J. Colon
Name of Person

Firm/Company

888 E Washington St Suite A
Address

Orlando, FL 32801
City/State and Zip Code

be.boutique.2010@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -3 PM 2:16

Be boutique hair and make up 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 Feb 11, 2016 and assigned
Florida document number 210000016116

This amendment is submitted to amend the following:

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

Be Boutique 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)

888 Washington St
Suite A
Orlando, FL 32801

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:

Juan R. Colon

New Registered Office Address:

322 E. Central Blvd Unit 815

Enter Florida street address

Orlando

Florida 32801

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.

Juan R. Colon
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	Juan R. Colon	322 E Central Blvd Unit 815 Orlando, FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Edith J. Colon	888 E Washington St Suite A Orlando, FL 32801	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Feb 27, 2010.

Signature of a member or authorized representative of a member
Edith J. Colon
Typed or printed name of signee