

# L1000026256

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000136546 3)))



H100001365463ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED  
10 JUN 10 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 JUN 10 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations  
Fax Number : (850) 617-6383  
From:  
Account Name : DORAL CORPORATE FILING SERVICE  
Account Number : I20070000081  
Phone : (305) 436-0979  
Fax Number : (305) 592-5575

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
B - ON STYLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

6/10/2010  
N. O'Connell JUN 11 2010

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H 10000136546

B-ON STYLE 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 03/09/2010  
Florida document number L10000026255

FILED  
10 JUN 10 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

CARLOS SOCORRO

New Registered Office Address:

10171 NW 58 ST STE 8

*Enter Florida street address*

DORAL

Florida

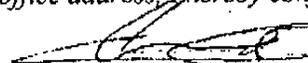
33178

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

H 10000136546

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:

H10000136546

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	BRIGHEL GAVIRIA	10171 NW 58 ST STE 8 DOBAL FL 33178	<input type="checkbox"/> Add <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
			<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.)

10 JUN 10 AM 8:39  
 FILED  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Dated

Signature of a member or authorized representative of a member

CARLOS SOCORRO

Typed or printed name of signee

H10000136546