## L11000048342

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(Address)				
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PICK-UP WAIT	MAIL			
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations .						
SUBJECT:	Diamonds a	nd Dolls Spa Parties				
SOBJECT.		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Juanika Rodriguez  Name of Person				
		Name of Person				
Diamonds and Dolls Spa Parties, LLC.						
		Firm/Company				
	20249 NW 27 Court					
		Address	The second state of the second			
	Mi	ami Gardens, Fl. 33056				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>			
	diamon	dsanddollsspa@yahoo.co	m ification)			
For further information	concerning this matter, please	·	meanon)			
1 or range information	concerning uns matter, piease t	odii,				
	nika Rodriguez	at (_786 )	352-2779			
Name	of Person	Area Code & Daytii	me 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 enclose	Section 1 Section 1 Section 2 Sectio			
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle			

## ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORPORATIONS OF

FILLU

11 JUN 23 AM 10: 17

Diamonds a (Name of the Limited Liab) (A Florid	ind Dolls lity Compan da Limited Li	Spa Parties, y as it now appears ability Company)	LLC. on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL11000048342		were filed on	April 25, 2011	and assigned	
This amendment is submitted to amend the following	; <b>:</b>				
A. If amending name, enter the new name of the l	imited liabil	lity company here	:		
The new name must be distinguishable and end with the v"L.L.C."	words "Limite	ed Liability Compan	y," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		20249 NW 27 Court			
(Principal office address MUST BE A STREET ADDRESS)		Miami Gardens, Fl. 33056			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		20249 NW 27 Court Miami Gardens, Fl. 33056			
B. If amending the registered agent and/or registered agent and/or the new registered office a			r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent: Jua	Juanika Rodriguez				
New Registered Office Address: 20:	20249 NW 27 Court				
	Enter Florida street address				
Mia		ni Gardens	, Florida	33056	
_		City		Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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

Page 1 of 2

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 Title <u>Name</u> Address **Type of Action** MGR Patrice Wilson 2465 NW 175 Terrace ☐ Add Miami, Fl. 33056 Remove ☐ Add Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) My name should appear as "Juanika Rodriguez", although my married name is "Juanika Rodriguez-Saget", my FL driver's license only reads "Juanika Rodriguez"

Dated \_\_\_\_\_\_ June 14 \_\_\_\_\_\_ 2011

Signature of a member or authorized representative of a member Juanika Rodriguez

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee