L11000082439

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SECRETARY OF SIMIL 46

C. LEWIS
FEB 2 6 2013
EXAMINER

COVER LETTER -

TO:

Registration Section
Division of Corporations

SUBJECT:

MI BON BON SALON & SPA

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:

JONHATTAN MELO

Name of Person

MI BON BON SALON & SPA

Firm/Company

4219 WEST 16 AVE.

Address

MIAMI, FL 33012

City/State and Zip Code

JONJON0216@HOTMAIL.COM

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

For further information concerning this matter, please call:

JONHATTAN MELO

_{.,786} ,712-4980

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

MI BON BON SALON & SPA LLC

FRED SECRETARY OF STATE DIVISION OF COST OP AT FON

2013 FFB 25 AM 11: 46

Zip Code

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 7/18/2011	and assigned
Florida document number L11000082439		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
MARBELLA SALON & SPA LLC		
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC	" or the abbreviation
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 registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres.	s
	. Florida	

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.

City

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		
			Add		
			Remove		
			Add		
		-	Remove		
			Add		
			Remove		
			_		
			Add		
			Remove		
			_		
			Add		
			Remove		
			Add		
			Remove		

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, REQUESTING NAME CHANGE TO	if necessary.) L E SECRETARY JIVISION OF CO	LI OF STATE PEORATIONS
	MARBELLA SALON & SPA LLC.	2013 FEB 25	AM 11: 46
Dated	2/18 , 5013 ₁₁		
	Signature of a member or authorized representative of a member of	per	<u></u>
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00