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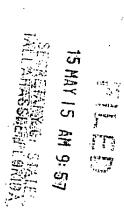
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Office Use Only



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MAY 21 2015 J SHIVERS

COVER LETTER

TO: Registration Se Division of Cor	ction		
	E FOR LIVING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	JULIO C DE LOS RIOS	,	
		Name of Person	
	DLR PROFESSIONAL S	ERVICES INC	
		Firm/Company	
	5743 HOLLYWOOD BLV	VD .	
		Address	· · · · · · · · · · · · · · · · · · ·
	HOLLYWOOD, FL 3302	1	
		City/State and Zip Code	
	DLRCORP@AOL.COM		
For further information of	e-mail address: (to be used for future annual report notifi	cation)
JULIO C DE LOS RIOS	-	954 816,4119	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & 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

HA STYLE FOR LIVING LLC	
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 09/12/2011	and assigned
Florida document number L11000103673	•
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 contain the words "Limited Liability Company," the designation "I	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)	<u>.</u>
B. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office address here:	, sound
	Atto Esta 11
Name of New Registered Agent:	- 55 - 35 - 35
New Registered Office Address:	
Enter Florida street add	dress On Brane
	Florida Florida
City .	Zip Crite
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BANOS ZAMUDIO, JONATAN	13443 NE 17TH AVE	Add
	NORTH MIAMI, FL 3181	■ Remove	
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			□ Add
			□ Remove
			☐ Change
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04/27/2015					
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ocument's effective date on the Department of State's records.					
e record specifies a delayed effective date, but not	t an effective tii	ne. at 12:01 a.n	n, on the	e earl	ier (
The 90th day after the record is filed.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
APRIL 27TH 2015					
ated APRIL 27TH 2015		3162			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00