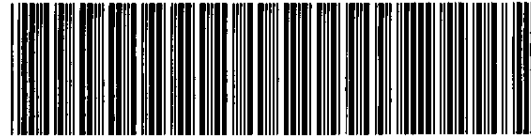


L11000137628



900215360589

12/22/11--01011--003 **25.00

(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

FILED
11 DEC 22 PM 1:43
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 27 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARE BEAUTY SECRETS 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:

Cristina Vargas
Name of Person
BARE BEAUTY SECRETS
Firm/Company
17971 BISCAYNE BLVD. SUITE #217
Address
Aventura, FL 33160
City/State and Zip Code
cristina.z.2000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Vargas at (305) 915-6025
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 DEC 22 PM 1:43
P111111

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARE BEAUTY SECRETS 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 12/7/11 and assigned Florida document number L11000137628

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)

17971 BISCAYNE BLVD. SUITE #217
AVENTURA, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17971 BISCAYNE BLVD. SUITE #217
AVENTURA, FL 33160

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:

CRISTINA VARGAS (same as original)

New Registered Office Address:

17971 BISCAYNE BLVD. SUITE 217

Enter Florida street address

Aventura, Florida 33160

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

NOV 11 11:00 AM '11
TALLAHASSEE, FLORIDA

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	CRISTINA VARGAS	17971 BISCAYNE BLVD SUITE 217 AVENTURA, FL 33160	<input type="checkbox"/> Add <input type="checkbox"/> Remove
→ MGRM	PAOLA Ghibaudò	17971 BISCAYNE BLVD SUITE 217 AVENTURA, FL 33160	<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.)

The only changes are two: 1) Update address
2) Add a new member Paola Ghibaudò.
Thank you.

Dated 12/15/11, _____

Cristina Vargas
Signature of a member or authorized representative of a member
CRISTINA VARGAS
Typed or printed name of signee

11 DEC 22 PM 1:43
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA
 FILED