

FROM

Division of Corporations

L12000003044

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.
Account Number : I19990000007
Phone : (954) 472-3124
Fax Number : (954) 323-6301

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

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RECEIVED
12 JAN 10 PM 1:58
SECRETARY OF STATE
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERFUME EXPORTS, LLC

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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B. BOSTICK

JAN 11 2012

EXAMINER

1/10/2012

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FROM

(TUE) JAN 10 2012 12:02/ST. 12:01/No. 9160081832 P 2

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

Perfume Exports, 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 01/06/12 and assigned
Florida document number L12000003044

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dolphin Beauty, LLC

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(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)

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FROM

(TUE) JAN 10 2012 12:02/ST. 12:01/No. 9190061692 P 3

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>
			<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.)*

Dated January 9, 2012

Signature of a member or authorized representative of a member

Mytham Reza

Typed or printed name of signee

STATE
FALL HAVEN, FLORIDA

12 JAN 10 AM 9:55

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