

L12000016816

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(Address)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZARITA SHOES 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:

SERGIO NIETO

Name of Person

ZARITA BEAUTY SUPPLY LLC

Firm/Company

POBOX 228704

Address

MIAMI, FL. 33222

City/State and Zip Code

SNIETO10@GMAIL.COM

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

For further information concerning this matter, please call:

SERGIO NIETO

Name of Person

305 801-5897

at ()

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

FILED
2013 OCT 28 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ZARITA SHOES 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 02/03/2012 and assigned Florida document number L12000016816.

This amendment is submitted to amend the following:

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

ZARITA BEAUTY SUPPLY 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)

ZARITA BEAUTY SUPPLY LLC

3900 NW 79 AVE STE 444

MIAMI, FL. 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ZARITA BEAUTY SUPPLY

POBOX 228704

MIAMI, FL. 33222

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:

SERGIO NIETO

New Registered Office Address:

3900 NW 79 AVE STE 444

Enter Florida street address

MIAMI

Florida 33166

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

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:

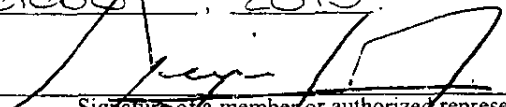
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SERGIO NIETO JR	3900 NW 79 AVE STE 444	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33166	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change Suite # from 338 to 444

Dated 24 October, 2013.



Signature of a member or authorized representative of a member

Sergio Nieto

Typed or printed name of signee

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Filing Fee: \$25.00

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SOUTH FLORIDA
TALLAHASSEE, FLORIDA