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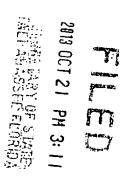
(Re	equestor's Name)	
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D. DOUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations

B S D BEAUTY PRODUCTS, 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:

LACEY ALONI

Name of Person

B S D BEAUTY PRODUCTS, LLC

Firm/Company

9280 DUBOIS BLVD

Address

ORLANDO FL 32825

City/State and Zip Code

INGRID@APLUSACCOUNTING.COM

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

For further information concerning this matter, please call:

LACEY ALONI

at (407)683-5829
Area Code & Daytime Telephone Number

Name of Person

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

imited Liability Compa	my)	
ompany were filed on 	9/05/12	and assigned
ted liability company	<u>v here</u> :	
ls "Limited Liability C	ompany," the designa	tion "LLC" or the abbreviat
9280 DU	BOIS BLVD	
ess) Orland	O FL 32825	
· · · · · · · · · · · · · · · · · · ·		2813
ORLAND	O FL 32825	0C1 21
	on our records, <u>e</u>	nter the name of the n
Y ALONI		
DUBOIS BLVD		
NIDO	Enter Florida street address	
	, Florid	da 32825 Zip Code
	ted liability company  ds "Limited Liability Company  9280 DU  ORLAND  9280 DU  ORLAND	9280 DUBOIS BLVD ORLANDO FL 32825  ered office address on our records, enter seconds.  EY ALONI DUBOIS BLVD  Enter Florida street

New Registered Agent's Signature, if changing Registered Agent:

BSD BERUTY PRODUCTS, LLC

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 **Title** <u>Name</u> **Address Type of Action ALONI LACEY** 9280 DUBOIS BLVD **MGRM** ORLANDO FL 32825 Remove 6336 BUFORD ST 806 AZULAY HANANYA **MGRM** ORLANDO FL 32835 Remove POSTINER DROR 5036 SHORELOOP #107 **MGRM** ORLANDO FL 32819 Remove Remove Remove Add Remove

. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
•	
OCTOBER 10TH	2013
800	cur Aloni
Signature	of a member or authorized representative of a member
LACEY ALONI	
	Typed or printed name of signer

yped or printed name of sig

Page 3 of 3

Filing Fee: \$25.00

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