

L12000113413

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OCT 22 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **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

Name of Person

at (**407**) **683-5829**

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

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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

BSD BEAUTY PRODUCTS, 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 9/05/12 and assigned
Florida document number L12000113413

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:

9280 DUBOIS BLVD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32825

Enter new mailing address, if applicable:

9280 DUBOIS BLVD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32825

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:

LACEY ALONI

New Registered Office Address:

9280 DUBOIS BLVD

Enter Florida street address

ORLANDO

Florida 32825

City

Zip Code

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

Lacey Aloni

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.

Lacey Aloni

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	ALONI LACEY	9280 DUBOIS BLVD ORLANDO FL 32825	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AZULAY HANANYA	6336 BUFORD ST 806 ORLANDO FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	POSTINER DROR	5036 SHORELOOP #107 ORLANDO FL 32819	<input type="checkbox"/> Add <input checked="" 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

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TALLAHASSEE FLORIDA

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

Dated OCTOBER 10TH, 2013

Lacey Aloni

Signature of a member or authorized representative of a member

LACEY ALONI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE
ALLAH ASSIF FLORENDA

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