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12 OCT 25 PM 2: OF STATE ALLAHASSEE FLOORS

K.SALY EXAMINER OCT 26 2012

COVER LETTER

TO:	Registration Sec Division of Corp				:
SUBJI	PCT.	RICK LELLO	COLLECTION LLC	;	
SUBI	<u> </u>		ted Liability Company		
		mendment and fee(s) are sub	_		
			RICARDO RAHME		
			Name of Person		
		RICK	LELLOCOLLECTION L	LC	
Firm/Company					
66			6601 NW 82ND AVE		
			Address		
			MIAMI, FL 33166		
			City/State and Zip Code		adar in ang Military
		rica E-mail address: (t	ardor@lagbeauty.com	t notification)	
For fu	rther information co	ncerning this matter, please c	all:		
	Rica	rdo Rahme	at (305)	499-93	388
Name of Person		Area Code & D	ne Number		
Enclos	ed is a check for the	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/CO	OURIER ADD	DRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	-ED+
12 OCT 25	Du
SEURI JAKY ALLAHASSER	"" 2:01
ALLAHASSI-	OF STATE

				PARUTU.	TALLY IN ZIOT
Rick L	ello Coll	ection LL(<u> </u>	TALLAI	ASSE STATE
(Name of the Limited Liabili (A Florida	a Limited Lis	y as it now app ability Company	ears on our i	recoras.)	JAKY OF STATE MASSEE, FLORIDA
		C1 1	Octobor		,
The Articles of Organization for this Limited Liability	Company v	vere filed on	October	1st, 2012	and assigned
Florida document numberL12000125173	 ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabil	ity company l	<u>here</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limite	ed Liability Cor	npany," the d	esignation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:		8119 NW 6	Oth ST.		
(Principal office address MUST BE A STREET ADDRESS)		Miami, Fl 33166			
		, , , , , , , , , , , , , , , , , , , 			
Enter new mailing address, if applicable:		8119 NW 6	0th ST.		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL	33166		
			 	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad			n our reco	rds, <u>enter th</u>	e name of the new
Name of New Registered Agent:					
New Registered Office Address: 811	19 NW 60th ST.				
		Enter Florida street address			ess
		Miami		Florida	33166
Vanasitas		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 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>	Type of Action
MGRM	Ricardo Rahme	8119 NW 60th St Miami, FL33166	Add Remove
			Add Remove
	***************************************		Add Remove
	1000 - 1		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
, _{william}			
 Dated	October 18	2012	_
	Signature of a n	nember or authorized representative of a member	<u>_</u>
	5.g.m 501 # 11	Ricardo Rahme	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00