

L13000035633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

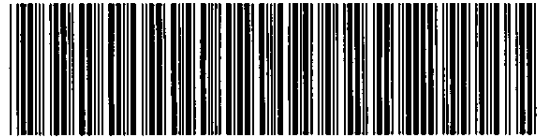
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255459177

01/10/14--01004--015 **30.00

RECEIVED
DEPARTMENT OF STATE
2014 JAN 10 PM 12:30
TO: ASSISTANT
SECRETARY OF STATE
FOR PUBLIC AFFAIRS
OFFICE OF THE
SECRETARY OF STATE
WASHINGTON, D.C. 20520-5000

APPROVED
FILED
2014 JAN 10 PM 12:45
SECRETARY OF STATE
WASHINGTON, D.C. 20520-5000

JAN 10 2014

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL IN ONE INTIMATE CREATIONS EVENT PLANNING, 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:

APRIL D. CARTER

Name of Person

ALL IN ONE INTIMATE CREATIONS EVENT PLANNING, LLC

Firm/Company

9428 HACKBERRY LANE

Address

TALLAHASSEE FL 32305

City/State and Zip Code

CARTER-ADK@GMAIL.COM

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

For further information concerning this matter, please call:

APRIL D. CARTER

Name of Person

at (850) 321-5906

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF STATE
CORPORATIONS
FLORIDA

14 JAN 10 PM 12:45

APPROVED
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RECEIVED
JAN 10 PM 12:45
FILED
TALLAHASSEE, FLORIDA

ALL IN ONE INTIMATE CREATIONS EVENT PLANNING, 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 8 MARCH 2013 and assigned
Florida document number L13000035633.

This amendment is submitted to amend the following:

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

KHERL DINA HAIR & BODY PRODUCTS, 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)

9428 HACKBERRY LANE
TALLAHASSEE, FL 32305

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:

9428 HACKBERRY LANE

Enter Florida street address

TALLAHASSEE

City

Florida 32305

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

16 JAN 19 PM 12:45
 SECRETARY OF STATE
 PALM BEACH, FLORIDA

APPROVED
 FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 8 JANUARY, 2014.

April D. Carter

Signature of a member or authorized representative of a member

APRIL D. CARTER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
STATE
MANAGER
FLORIDA

14 JAN 10 PM 12:45

APPROVED
AND
FILED