## L13000 135 842

(Requesto	or's Name)			
(Address)				
(Address)				
(City/State	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	s Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing	Officer:			
- 2				
6201				

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NOV 25 2019 S. YOUNG



November 12, 2019

ANDRES HURTADO PRODEZK INC 5040 NW 7TH STREET STE 705 MIAMI, FL 33126

SUBJECT: FRESH BEAUTY & COLOR LLC

Ref. Number: L13000135842

We have received your document for FRESH BEAUTY & COLOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00023293

Shelia H Young Regulatory Specialist II

2817.10V 25 7.5.113

## **COVER LETTER**

. . . .

	gistration Sec vision of Corp					
CHD IEZYC.		UTY & COLOR LLC				
Name of Limited Liability Company						
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		ANDRES HURTADO				
		PRODEZK INC	Name of Person			
		5040 NW 7TH ST SYUITI	Firm/Company E 705			
		MIAMI, FL 33126	Address			
		INFO@PRODEZK.COM	City/State and Zip Code			
		E-mail address: (1	to be used for future annual report notifi	cation)		
For further i	nformation co	ncerning this matter, please ca	all:			
ANDRES I	IURTADO		786 2338521 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e 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:

TO:

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

FRESH BEAUTY & COLOR LLC	;			
(Name of the Limi	ted Liability Compa (A Florida Lumited	iny as it now appea Liability Company)	rs on our records.)	····
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{09}{2}$	/26/2013	and assigned
florida document number 1.13000135842	·			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the c	designation "LLC" or the abbrevi	ution "; C."
Enter new principal offices address, if applicable:		5040 NW 7TH	ST STE 705, MIAMI FL 331	26.
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		5040 NW 7TH	57 STE 705, MIAMI FL∃31	₽ D 26 2:
Mailing address MAY BE A POST OFFICE BOX)			5	
B. If amending the registered agent and registered agent and/or the new registered o			ı our records, <u>enter the</u>	name of the ne
Name of New Registered Agent:	PRODEZK IN	С		
New Registered Office Address:	5040 NW 7TH	ST STE 705		
		linter Flo	rida street address	
	MIAMI, FL		, Florida <u>33126</u>	
		City	7	Lip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

• . • . • • •

MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
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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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated OCTOBER 16

D. . . . 2 . 61

NATALIA DELGADO

Filing Fee: \$25.00

Typed or printed name of signee

gnaturel of a member or authorized representative of a member