

L140000084933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALBANY, NEW YORK

JUL 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KASA DE BELLEZA, 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:

JOSE RIVERA

Name of Person

Firm/Company

1141 DOYLE RD

Address

DELTONA FL 32725

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSE RIVERA

Name of Person

at **(321) 747-7030**

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

PARAGON HAIR & NAILS, 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 05/27/2014 and assigned
Florida document number L14000084933.

This amendment is submitted to amend the following:

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

KASA DE BELLEZA, 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)

9450 E COLONIAL DR

ORLANDO FL 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9450 E COLONIAL DR

ORLANDO FL 32817

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSE RIVERA

New Registered Office Address:

9450 E COLONIAL DR

Enter Florida street address

ORLANDO

City

, Florida

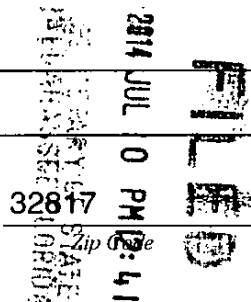
32817

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 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>
MGR	JOSE RIVERA	9450 E COLONIAL DR	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32817	<input type="checkbox"/> Remove
AMBR	JOSE RIVERA	9450 E COLONIAL DR	<input type="checkbox"/> Add
		ORLANDO FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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ORANGE COUNTY, FLORIDA

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 1, 2014



Signature of a member or authorized representative of a member

JOSE RIVERA

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA