

61400095425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

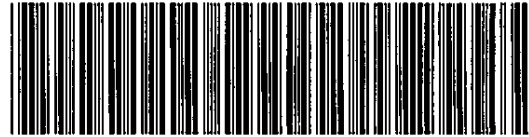
(Business Entity Name)

(Document Number)

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JULIA A. ROSS

SEP 04 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLANET BEAUTY 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:

MAURICIO P ITRI

Name of Person

PLANET BEAUTY LLC

Firm/Company

535 E SAMPLE ROAD

Address

POMPANO BEACH - FL 33064

City/State and Zip Code

M_ITRI@TERRA.COM.BR

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

For further information concerning this matter, please call:

FERNANDA LOLA

Name of Person

954 782 3610

at ()

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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PLANET BEAUTY LLC

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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>
AMBR	RTT ENGENHARIA ELETRICA	RUA PADRE DONIZETE,110	<input type="checkbox"/> Add
		SANTA ROSA- GUARAJA -SP 11143-0 BR	<input checked="" type="checkbox"/> Remove
AMBR	CENTER MIX IND COM DE MAT ELETRICOS LTDA	PC PRESIDENTE KENEDY,52	<input checked="" type="checkbox"/> Add
		JD ROCHADALE - OSASCO - SP	<input type="checkbox"/> Remove
		06220-20 BR	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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)

(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 **AUGUST 22**, **2014**

Signature of a member or authorized representative of a member

MAURICIO P. ITRI

Typed or printed name of signer

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TALLAHASSEE FLORIDA