

44000098173

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H140001600153ABCS

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.  
Account Number : I20130000067  
Phone : (954) 990-0606  
Fax Number : (888) 600-5537

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BELLISIMA DESIGN MAKEUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUL 07 2014

S. YOUNG

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H1400001600153

BELLISIMA DESIGN MAKEUP 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 06/19/2014 and assigned  
Florida document number L14000098173.

This amendment is submitted to amend the following:

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

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)

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:

Enter Florida street address

, Florida

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 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

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PM 12:3

H140000160053  
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>
P/VP	Martha M. Martinez	5301 NW 158 TERRACE	<input type="checkbox"/> Add
		APT 206	<input checked="" type="checkbox"/> Remove
		HIALEAH, FL 33014	
MGR	Martha M. Martinez	5301 NW 158 TERRACE	<input checked="" type="checkbox"/> Add
		APT 206	<input type="checkbox"/> Remove
		HIALEAH, FL 33014	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

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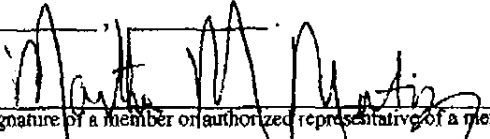
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E. Effective date, if other than the date of filing: 7/3/2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 3, 2014

  
Signature of a member or authorized representative of a member  
Martha M. Martinez  
Typed or printed name of signer

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