L14000115402

(Re	questor's Name)	
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COVER LETTER

PRAE	DA WHOLESALE BEAUTY SUPPLIES, LLC				
овяест	Name of Limited Liability Company				
the annious d'Autisia	a of American and for (a) are submitted for filling				
ne enclosed Afficie	es of Amendment and fee(s) are submitted for filing.				
lease return all corr	espondence concerning this matter to the following:				
	ROBERTO ALVAREZ				
	Name of Person				

	Firm/Company				
	2795 WOODSTREAM CIR.				
	Address				
	KISSIMMEE, FL 34743				
	City/State and Zip Code				
	PRADABEAUTYSUPPLIES@GMAIL.COM				
	E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please call:				
ROBERTO ALV	/AREZ 786 280-5922				
Na	me of Person Area Code Daytime Telephone Nur				

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRADA WHOLESALE BEAUTY SUPPLIES, 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	y were filed on 07/22/2014	and assigned		
Florida document number L14000115402				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
I PRADA WHOLESALE BEAUTY SUPPLIES, LLC				
The new name must be distinguishable and end with the words "Limited Lia	bility 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)		<u> </u>		
		TO P SEEDE		
Enter new mailing address, if applicable:		SS T		
(Mailing address MAY BE A POST OFFICE BOX)		E.F. STATE		
		EST F. F		
		5. F. Co		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ords, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ad	dress		
		, 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

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

<u>Title</u>	Name	Address	Type of Action
<u> </u>		· · · · · · · · · · · · · · · · · · ·	□ Add
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amending any other informat	ion, enter change(s) here: (Attach add	itional sheets, if necessary.)
ffective date, if other than the one effective date must be specific, cannot date this document is filed by the Flo	date of filing: t be prior to date of receipt or filed date and cannida Department of State)	(optional) ot be more than 90 days after
ated APRIL 9	2015	
ted	,	
/A		
	Signature of a member or authorized representat	ive of a member
Roberto	HUAVIZ	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA