

L14000254282

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000254282 3)))



H140002542823ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305) 388-7028
Fax Number : (305) 479-2705

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2014 OCT 30 AM 9:08

FILED

****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

BBS INTERNATIONAL BEAUTY LLC

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

OCT 31 2014
L. B. WHITE

RECEIVED
14 OCT 30 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: BBS INTERNATIONAL BEAUTY LLC

SECOND: The Florida Document number of the limited liability company is: L14000162405

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please correct Corporate Title of Salomon Arvili to MGR.

He is a Manager only NOT a managing member.


Name and Contact info to remain the same.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

10/28/2014

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2014 OCT 30 AM 9:08

FILED