

L15000096543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

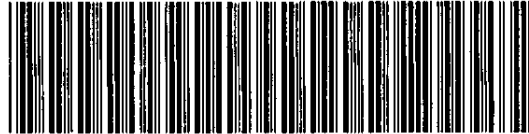
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000274610450

07/06/15--01034--014 **55.00

FILED
2015 JUL -6 AM 10:34
CLERK OF COURT
JULIA M. SULLIVAN

JUL 08 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILI STYLE 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:

ROBERTO J. DEFEX JULIAO

Name of Person

ABZURDAH NAIL SALON

Firm/Company

3550 N.W. 85TH COURT #547

Address

DORAL , FL. 33122

City/State and Zip Code

GLORIA@MLACCOUNTINGSRVICE.COM

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

For further information concerning this matter, please call:

GLORIA CONTRERAS

305 231-7212

at ()

Name of Person

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

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

MILI STYLE 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 05/30/2015 and assigned
Florida document number L15000096543.

This amendment is submitted to amend the following:

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

ABZURDAH NAIL SALON LLC

The new name must be distinguishable and contain 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)

3550 N.W. 85TH CT

SUITE 547

DORAL, FL. 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3550 N.W. 85TH CT

SUITE 547

DORAL, FL. 33122

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:

ROBERTO J. DEFEX JULIAO

New Registered Office Address:

3550 N.W. 85TH CT #547

Enter Florida street address

DORAL

City


Florida

33122

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ROBERTO J. DEFEZ JULIAO	3550 N.W. 85TH CT #547 DORAI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA F. VELASQUEZ	3550 N.W. 85TH CT #547 DORAI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIVIS FIGUEROA	3550 N.W. 85TH CT #547 DORAI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 JUL - 6 AM 10 30
CITY OF ALBANY

2015 JUL -6 AM 10:34

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 30, 2015

x 

X Roberto De Foy Juliso

Typed or printed name of signee