

L16000039516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

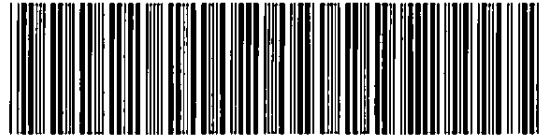
(Business Entity Name)

(Document Number)

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FILED  
17 DEC 18 PM 4:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 19 2017

✓ SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2017

ROSALIA DESIGNS DE CHEVEUX LLC  
940 NE 34TH AVE UNIT 201  
HOMESTEAD, FL 33033

SUBJECT: ROSALIA DESIGNS DE CHEVEUX LLC  
Ref. Number: L16000039516

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 817A00024525

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rosalia Desings de cheveux 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:

ATTN:  
YASEMIN  
SULKER.

Rosalia Rojas  
Name of Person

D' Luxe Beauty LLC.  
Firm/Company

1422 East Mowry DR Apt 105  
Address

Homestead FL 33033  
City/State and Zip Code

RosaliaRojas23@hotmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosalia Rojas at (646) 415-3174  
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

\* already Paid

☐ \$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**

Rosalia Designs De cheveux 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 2/25/2014 and assigned Florida document number L16000039516.

This amendment is submitted to amend the following:

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

D' Luxe Beauty 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)**

no change

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

none

**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:

none

New Registered Office Address:

Enter Florida street address

City

Florida

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>
		none	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		none	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		none	<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

AP DECEMBER 10 2010  
FLORIDA  
ELECTRICITY DELIVERY  
REGISTRATION

17 DEC 18 PM 49  
DEPT. OF STATE  
ATLANTA, GEORGIA

17 DEC 68 PM 49  
FALLS CHURCH, VIRGINIA  
FALLS CHURCH, VIRGINIA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Typed or printed name of signee