116000186742

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
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FILED PH 2: 01
SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT OCT 2 6 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2016

GERMAN ROJAS 1820 N CORPORATE LAKES BLVD SUITE 202-4 WESTON, FL 33326

SUBJECT: BEAUTIFUL LULOS LLC

Ref. Number: L16000186742

RECEIVED 3:55

We have received your document for BEAUTIFUL LULOS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please include address on page 2 of 3 of application.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 216A00022077

FILED 16 OCT 24 PH 2: OF SECRETARY OF STATE SECRETARY OF STATE AND AND AND A

COVER LETTER

TO:

TO: Registration Division of C	a Section Corporations		
	IFUL LULOS LLC	·	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	•
	GERMAN ROJAS		
		Name of Person	
		Firm/Company	
	1820 N CORPORATE LA	AKES BLVD SUITE 202-4	
	WESTON FL 33326	Address	
		City/State and Zip Code	
	germanrojas01@yahoo.com		
For further informatio	E-mail address:	(to be used for future annual report notificeall:	cation)
German Rojas		954 655 8281	
Nam	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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)
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 3230	tions SSEE FLOOR ST

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTIFUL LULOS LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$ Florida document number $\frac{L16000186742}{L16000186742}$.	0/10/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company b</u>	nere:
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)	
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 or registered agent and/or the new registered office address here:	n our records, enter the name of the r
Name of New Registered Agent:	TEN D
New Registered Office Address:	(S) (S)
Enter Flo	orida street address 57 9
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	ANA M VILLAFANE	1820 N CORPORATE LAKES	□ Add
		BLVD SUITE 202-4	☑ Remove
	•	WESTON FL 33326	Change
MGR	ANA M RIVILLAS	1820 N CORPORATE LAKES	₩ Add
		BLVD SUITE 202-4	□ Remove
		WESTON FL 33326	Change
			☐ Add
			☐ Remove
			☐ Change
		•	□ Add
	•		☐ Remove
		. , , , , , , , , , , , , , , , , , , ,	Change
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ffective date, if other than an effective date is listed, the dat total. If the date inserted in the ocument's effective date on the second se	his block does not n	neet the applicab	date of filing or more t le statutory filing red	 (optiona han 90 days after filin quirements, this da	l) ng.) Pursuant to 605.02 te will not be listed
e record specifies a del The 90th day after the	ayed effective of record is filed.	date, but not a	an effective time	e, at 12:01 a.m	. on the earlier
, 10/19/2016		,	.•	,	36 6
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aied	Ana	Maar	all		ETANS
ated	Signature of a	Maou member or authoriz	abed representative of a	member	ETARY OF SAHASSEE. F

Page 3 of 3

Filing Fee: \$25.00