100000032695

(Requ	estor's Name)			
(Addre	ess)			
(Address)				
(City/S	State/Zip/Phone #	f)		
PICK-UP	☐ WAIT	MAIL		
(Pucin	oss Entity Name	1		
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies	Cortificator o	f Statue		
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

FEB - 7 2011

EXAMINER

Office Use Only



900192925249

02/04/11--01017--020 **25.00

SECTED AND LONDA

11 FER ... PM J. 16

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Salonz Flag	ler LLC
SOBJECT.	Name of Limited Liability Company
The enclosed Articles of Amendmen	t and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	Kirk De Leon, Esq.
	Name of Person
	De Leon & De Leon, PAA.
	Firm/Company
6	6 W. Flagler Street, Suite 800
	Address
	Miami, FL 33130
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
Kirk De Leon, E	at (305) 374-5494 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount:
	O Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, tificate of Status Certified Copy (additional copy is enclosed) 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

Salonz Flagl	ler	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company was Florida document number L06 0000 32695	were filed on March 28, 2006 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	lity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviat	 tion
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 here		new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Zip Gode	
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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager . or, Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Salonz Holding LLC	19300 NW 10th Street PembrokesPines, FL 33029	Add Remove
MGR	Marc Finer	19300 NW 10th Street Pembroke Pines, FL 33029	Add Remove
	:		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer		ge(s) here: (Attach additional sheets, if necessary	
Dated	January 3 , 20		
	Kirk l	per or authorized representative of a member De Leon, Esq. ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00