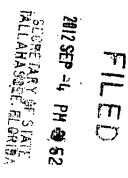
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·
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(Address)
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(Business Entity Name)
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COVER LETTER

Régistration Section

TO:

Division of C	Corporations				
SUBJECT:	J.S.B.	SALON, LLC			
<u></u>		ited Liability Company		•	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
		· Jason W. Holtz Name of Person			
		Name of Person			
	Holtz	Holtz Mahshie DeCosta, P.A.			
		Firm/Company		2012 SEP -4	
	156	1560 Matthew Drive, Suite B			
		Address			I
	Fo	rt Myers, Florida 33907		PH STA	Ö
		City/State and Zip Code		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	•
	E-mail address: (ason@hmdlegal.com to be used for future annual report n	otification)	,	
For further information	on concerning this matter, please of	call:			
	Jason W. Holtz	at (_239)	931-7566	-	
Nan	ne of Person	Area Code & Day	time 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 enclo	sed) Certified (of Status &	osed)
Reg Div P.O	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COL Registration Ser Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.S.i	B. SALON, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL12000110654	Company were filed on	8/28/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :	
P.S	s.B. Salon, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	nny," the designation '	17
Enter new principal offices address, if applicable:	<u></u>		AR E TI
(Principal office address MUST BE A STREET ADDI	RESS)		35 + F
Enter new mailing address, if applicable:			STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)		d	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter	the name of the new
Name of New Registered Agent:		- ···	
New Registered Office Address:			11
	En	ter Florida street ad	aress
	City	, Florida _	Zip Code
	City		ыр Соас

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 Changing Registered Agent, Signature of New Registered Agent

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Addi Remove
			Remove
			Add
		nge(s) here: (Attach additional sheets, if necessary	
_			
Dated	August 28	20 12 2012	,
	Jason W. HaHZ	ber of authorized representative of a member	
	U 1yp	D 2 52	

Page 2 of 2

Filing Fee: \$25.00