Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000847963)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Phone

: (305)397-8553

Fax Number

; (305)397-8521

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.\*\*

Email:	Address:
cmall	Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALON G&S, LLC

Certificate of Status 0	
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAR 2 9 2017

Electronic Filing Menu

Corporate Filing Menu

**COVER LETTER** 

## H17000084796 3

	gistration Sec vision of Corp			
~~~~~~		kS, LLC		
SUBJECT	i	Name of Limi	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter t	to the following:	
		Selvie S. Gasi		
			Name of Person	
		Salon G&S, LLC		
			Firm/Company , $K^*$	
	SALON G&S, LLC  Name of Limited Liability Company  If Articles of Amendment and fee(s) are submitted for filing.  It all correspondence concerning this matter to the following:  Selvie S. Gasi  Name of Person  Salon G&S, LLC  Firm/Company  934 71st Street  Address  Miami Beach, FL 33141  City/State and Zip Code  sekigs@hotmail.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Isi  Name of Person  Area Code  Daytime Telephone Number  a check for the following amount:  Filing Fee  Certificate of Status  (additional copy is enclosed)			
			Address	
		Miami Beach, FL 33141		
			City/State and Zip Code	···
		E-mail address; (1	to be used for future annual report	notification)
For further	information o	oncerning this matter, please ca	ill:	
Selvie S. G	iasi		954 873-601	0
	Name of	Person	Area Code Day	ytime Telephone Number
Enclosed is	a check for th	e following amount:	·	
\$25.00		☐ \$30.00 Filing Fee &	Certified Copy (additional copy is enclosed)	Certificate of Status &

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

H170000847963

SALON G&S, LLC		•
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) iled Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number	pany were filed on 11/28/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>_</del> _
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	500 Bayview Drive, Ste 928 Sunny Isles, FL 33160	
,		AR R
registered agent and/or the new registered office address		£ € € € € € € € € € € € € € € € € € € €
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	ne must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation principal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  suddress MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:  Some Registered Agent:  Enter Florida street address  Florida	A
		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

j,

, Mar. 28. 2017 11:22AM PAGIO'S & ASSOCIATES, LLC

No. 1778

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of representation authorized removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
S1	Selvie Gashi	934 71st Street	□ <b>A</b> ḍd
		Miami Beach, FL 33141	■ Remove
			☐ Change
AMBR	Selvie S. Gasi	500 Bayview Drive, Apt 928	———— Add
		Sunny Isles, FL 33160	□ Remove
			□ Change
		i.	D Add
			□ Remove
		,	Change
			Addo 🦸
			Remove west
			Change
•			Remove
		Î.	☐ Change
	·		□ Add
			Remove
			□ Change

Mar. 28.	2017 11:22AM	PAGIO'S & ASSOCIATES,	LLC	No. 1778	P. 5
. If amend	ling any other infor	mation, enter change(s) here:	(Attach additional sheet)	s, if necessary, 900084	796 3
		<del> </del>			···
<del></del>					<del></del>
<del></del>					
			,		
****					<del></del>
			ŧ <sup>**</sup>		
					_
<del></del>				26.	17
				7 = 1 112 = 1 127 = 1	12.00
				\$2.23 F	က တ
					- <del>},</del>
				20	. لنج
					<del>_</del>
Effective.	date, if other than (	he date of filing:  March 28, 20	17	_ (optional)	
		nust be specific and connot be prior to block does not meet the applicab		lays after filing.) Pursuant to	605.0207 (3 listed as th
document	's effective date on the	Department of State's records.	•• •••	<b>-,</b>	
the recon	d enocifiae a dalas	ved effective date, but not a	an effective time at 1	2:01 a.m. on the ea	rlier of:
) The 90	o specifies a delay oth day after the r	ecord is filed.	sir acraemes tilling de 1		
Ma	urch 28	2017			;
Dated	<del> </del>		, (		
	<del></del>	Signature of a member or authorize	ved representative of a member		
		DIBURGAS OF A MEMORI OF SOCIETY	· · · · · · · · · · · · · · · · · · ·		
	Scivic S. Gasi	Typed or printed t	name of signee		

Page 3 of 3

Filing Fee: \$25.00