1180000) 55942

(R	(equestor's Name)	
(A	ddress)	
(Ā	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Ocument Number)	
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COVER LETTER

	Registration Se Division of Cor					
611D 107		IAIRAPY AND NAIL BAR, I	LLC			
SUBJEC	, I :	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		JENNIFER D. PESHKE, I	ESQ.			
		LAW OFFICES OF JENN	Name of Person RIFER D. PESHKE, P.A.			
		4733 N. HWY, A1A, STE	Firm/Company		18 PE	
		VERO BEACH, FL 3296	Address		IC 26 PH	
		JDP@PESHKELAW.COM	City/State and Zip Code		6: 25 LORIDA	
			to be used for future annual report notif	fication)		
		oncerning this matter, please c				
		A, PARALEGAL f Person	772 231-1233 at ()	Telephone Number		
	Name o	11 (130)	Aca Code Physics	reteptione (value)		
Enclosed	l is a check for th	he following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLOR THAIRAPY A	ND NAIL	BAR, LLC
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(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 L	iability Company were filed on .	MARCH 2, 2018	and assigned
Florida document number <u>L18000055942</u>	<u> </u>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
SUR LA MER SALON, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:		500 00
(Principal office address MUST BE A STREI	ET ADDRESS)		
	<u> </u>		
			1 0 m
C. A			뒤 물 그
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		- 25
			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	•••		the name of the new
	4733 N. HWY. A1A, STE, 303		
New Registered Office Address:		Florida street address	
	VERO BEACH	Florida ³² '	963
	City	, Florida <u>32</u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regionary filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act in the per and complete performance istered agent as provided for it registered office address, I he	of my duties, and I am f n Chapter 605, F.S. Or,	familiar with and if this document is

Page Lof 3

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>	Address	Type of Action
P/T	SZILVIA GULYAS	1030 EASTER LILY LANE	= Add
		VERO BEACH, FL 32963	Remove
			☐ Change
VP/S	MERCEDES OLIVA	1030 EASTER LILY LANE	Add
		VERO BEACH, FL 32963	Remove
			Change
			A Add
			Change
- 			ORIDA ORIDA
			Remove
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	the date must be specifi d in this block does t	e and cannot be prion not meet the applic	r to date of filing o cable statutory fi	r more than 90 days at	otional) ter filing.) Pursuant to 605,020 his date will not be listed a
record specifies:	- delayed offertion	= va data but s	nt an offoctiv	e time lat 10:01	Lam on the carlier of
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ed <u>Derman L</u>		• -		1 - 1	
ded <u>De Carri C</u>			U	wyd Sum ive of a member	

Page 3 of 3

Filing Fee: \$25.00