

LD4000090994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

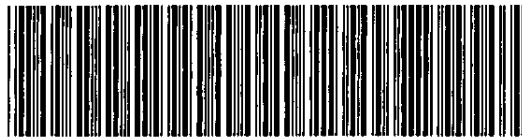
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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SALON KRISTIQUE, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH J. VAILLANCOURT  
(Name of Person)

SALON KRISTIQUE, LLC  
(Firm/Company)

2342 KINGS POINTE DR.  
(Address)

LARGO, FL 33774  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH VAILLANCOURT at ( 727 ) 596-9094  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

**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

SALON KRISTIQUE, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on DEC. 16, 2004 and assigned document number L04000090994.

SECOND: This amendment is submitted to amend the following:

KRISTIA PARR RESIGNED HER CAPACITY AS  
A "MANAGING MEMBER" OF THIS LLC  
EFFECTIVE DEC. 31, 2006. THIS RESIGNATION  
IS CONCURRENT WITH RELEASE FROM  
DEBT OF THE LLC THEREFORE GUARANTEED  
BY THE SAID KRISTIA PARR.

Kristi A. Parr  
KRISTIA PARR,  
RESIGNING SIGNATURE

Dated DEC. 31, 2006.

Judith J. Vaillancourt  
Signature of a member or authorized representative of a member

JUDITH J. VAILLANCOURT  
Typed or printed name of signee

Filing Fee: \$25.00

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