

LOS 0000063370

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(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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11/15/11--01008--001 **25.00

FILED
11 NOV 15 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMERICAN BEAUTY INSTITUTE, LLC
1430 CLEVELAND ROAD
MIAMI BEACH FLORIDA 33141

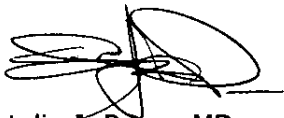
November 11, 2011

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee Florida 32301

Dear Madam/Sir

Will please proceed to remove our present Manager John M. Perez and active Antolin J. Perez, MD as the present Manager.

Thank you very much for your attention to this matter

A handwritten signature in black ink, appearing to read 'Antolin J. Perez', with a stylized flourish at the end.

Antolin J. Perez, MD

cc: John M. Perez
files

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Beauty Institute, 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:

Antolin J. Perez, MD
Name of Person

American Beauty Institute, LLC
Firm/Company

1430 Cleveland Road
Address

Miami Beach Florida 33141
City/State and Zip Code

Ajp0825@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antolin J. Perez, MD at (305) 7618232
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

American Beauty Institute, LLC

Page 1 of 2

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>	<u>Address</u>	<u>Type of Action</u>
MGR	John M. Marc	1430 Cleveland Road Miami Beach Florida 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Antolin J. Perez, MD	1430 Cleveland Road Miami Beach Florida 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 11, 2011



Signature of a member or authorized representative of a member

Antolin J. Perez, MD

Typed or printed name of signee