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EXAMINER

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

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SECRETARY OF STATE

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

Antolin J. Perez, MD

cc: John M. Perez

files

COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJECT: American Beauty Institute, LLC				
	-	Name of Limi	ited Liability Company	
The end	closed Articles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please	return all corresponden	ce concerning this matter	to the following:	
			Antolin J. Perez, MD	
			Name of Person	
American Beauty Institute, LLC				
	_		Firm/Company	
14			1430 Cleveland Road	
			Address	
		Mia	mi Beach Florida 33141	
City/State and Zip Code				
		F.mail addrage:	Ajp0825@aol.com to be used for future annual report notifi	(cation)
For fur	ther information conce	rning this matter, please o		(Cation)
Antolin J. Perez, MD Name of Person		at (_305_) Area Code & Daytime	7618232	
	Name of Per	on	Area Code & Daytini	e reseptione number
Enclose	ed is a check for the fo	llowing 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)

TO:

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

American (Name of the Limited Liebilite	Beauty Institute, L	_C		
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	June 20, 2005 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u></u>	<u>></u>		
(Principal office address MUST BE A STREET ADD)	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		V 5 PM I: 24 HASSEE, FLORIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		our records, <u>enter the name of the new</u>		
New Registered Office Address:				
now registered Office Address.	Enter Florida street address			
		, Florida		
	City	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 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 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 Title Name **Address Type of Action** MGR John M. Marc ☐ Add ☑ Remove 1430 Cleveland Road Miami Beach Florida 33141 Antolin J. Perez, MD MGR 1430 Cleveland Road Miami Beach Florida 33141 Remove ☐ Add ______ Remove Add Remove ___ Add Remove ∏Add 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

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tring tree: 525.00