

LOG00000 10281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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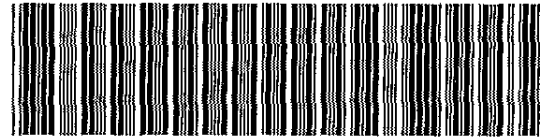
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/20/06
C. J. [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salon Salon Downtown 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:

Bruce R. McCullen
(Name of Person)

Salon Salon Downtown LLC
(Firm/Company)

3250 Downs Cove Road
(Address)

Windermere, FL 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce R. McCullen at (321) 438-6653
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
06 FEB 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Salon Spa Management Services LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 1/30/2006 and assigned
document number L06000010281

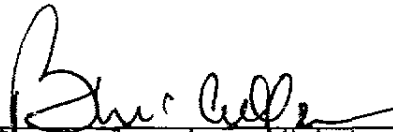
SECOND: This amendment is submitted to amend the following:

The name of this Limited Liability Company shall be

Salon Salon Downtown LLC

FILED
06 FEB 13 AM 10:00
SECRETARY OF STATE
FLORIDA

Dated February 1, 2006

 2-7-06
Signature of a member or authorized representative of a member

Bruce R. McCullen

Typed or printed name of signee

Filing Fee: \$25.00