

LD60000047965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

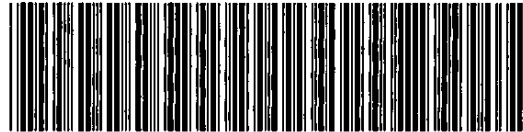
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ideal Images Salon 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:

Allison Pate

(Name of Person)

Ideal Images Salon LLC

(Firm/Company)

5340 US HWY 98 N

(Address)

Lakeland, FL 33809

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Pate

(Name of Person)

at ( 863 ) 8999602

(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**

Ideal Images Salon LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 05/09/2006 and assigned document number L06000047965.

**SECOND:** This amendment is submitted to amend the following:

Changing name of LLC to Salon Allure LLC.

Also show EIN to be 20-4840648

Also please correct the mailing and physical address

5340 US HWY 98 N

Lakeland, FL 33809

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

06 AUG -4 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated August 01, 2006.

Allison Pate

Signature of a member or authorized representative of a member

Allison Pate

Typed or printed name of signee

**Filing Fee: \$25.00**