

LD6000101815

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

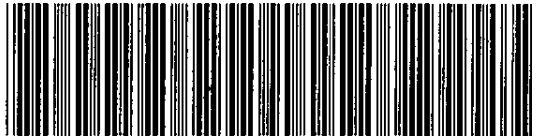
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D. BRUCE

DEC 19 2008

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: D'CACHE HAIR 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:

FELIX A DIEZ P  
(Name of Person)

DIEZ BUSINESS SERVICES  
(Firm/Company)

4125 W WATERS AVE  
(Address)

TAMPA FL 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

FELIX A DIEZ, EA at ( 813 ) 871 1816  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2008

CRISTINA TAVARES  
2800 N. MACDILL AVENUE  
TAMPA, FL 33607

SUBJECT: D'CACHE HAIR SALON LLC  
Ref. Number: L06000101815

We have received your document for D'CACHE HAIR SALON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 808A00057552

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TALLAHASSEE, FLORIDA

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

D'CACHE HAIR SALON LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/24/2008 and assigned  
Florida document number L060000101815.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2800 N MACDILL AVENUE

TAMPA FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18102 LAFAYETTE PLACE

LUTZ FL 33558

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TALLAHASSEE FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New 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 Changing Registered Agent, Signature of New Registered Agent)

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          | Pedro TAVERAS  | 18102 Lafayette PL<br>LUTZ FL 33558 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Hector JIMENEZ | 18102 Lafayette PL<br>LUTZ FL 33558 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Danny JIMENEZ  | 18102 Lafayette PL<br>LUTZ FL 33558 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____          | _____                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____          | _____                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____          | _____                               | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated

December 16, 2008

Signature of a member or authorized representative of a member

Typed or printed name of signee

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