Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : M. FAEHNER, ESQ. LLC Account Number : I20170000081 Phone : (727)443-5190 Fax Number : (727)474-9949 Z **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIDORI SALON AND SPA LLC Certificate of Status Certified Copy 0 03 Page Count \$25.00 Estimated Charge

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGAMIZATION OF

H17000285600 3

Midori Salon and Spa LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Compan	y were filed on Septer	mber 6, 2007	and assigned
Florida document number 1.07000091227	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company here	:	
The new name must be distinguishable and contain the v	ords "Limited Liab	oility Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:			· _ · · · · _ · -
Principal office address MUST BE A STREI	T ADDRESS)			
				<u> </u>
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>් දුං</u>
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)			
				<u>ः स्</u> ः छः
B. If amending the registered agent and	los suristand .	affice uddress on a	ur records enter	•
B. If amending the registered agent and registered agent and/or the new registered of	ffice address be	ere:	ur records, <u>enter</u>	the halles of the
Name of New Registered Agent:	Michael J. Fa	ehner, Esq.		
New Registered Office Address:	600 Bypass D	Prive, Suite 100		
C.S.II AND INTERNAL VALLEY AND THE TOP		Enter Florida	street address	
	Clearwater		, Florida _ ³³	764
		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 605, 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.

A hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

. . .

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member H17000285600 3

Title	Name	Address	Type of Action
MGR	Amber N. Lopez	1033 West Bay Drive	
		Largo, FL 33770	☐ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic ument's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be list
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earli
October 30 , 2017	
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Signature of a member of author	Astrona table southern to a menuner

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