

L08000012787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400238287554

09/04/12--01019--002 **25.00

12 SEP -4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
SEP 05 2012
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Salon of Venice, 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:

Michael C. Addison

Name of Person

Addison & Howard, P.A.

Firm/Company

400 N. Tampa St., Suite 1100

Address

Tampa, FL 33602-4714

City/State and Zip Code

COZBIL52@AOL.COM

E-mail address: (to be used for future annual report notification)

12 SEP - 4 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

For further information concerning this matter, please call:

Darlene Lesnek

Name of Person

at (813)

223-2000

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**

The Salon of Venice, 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 February 5, 2008 and assigned
Florida document number L08000012787.

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)

127 Tampa Avenue E.

Suite 9 & 10

Venice, FL 34285-1949

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2651 Fiesta Dr.

Venice, FL 34293-3304

TALLAHASSEE, FLORIDA

12 SEP - 4 PM 12:58

FILED AND

APPROVED

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:

Michael C. Addison

New Registered Office Address:

400 N. Tampa St., Suite 1100

Enter Florida street address

Tampa

City

Florida

33602-4714

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:

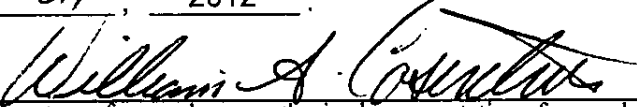
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph V. Giglia	2651 Fiesta Dr. Venice, FL 34293-3304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	William A. Cosentino	2651 Fiesta Dr. Venice, FL 34293-3304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PTR	Joseph V. Giglia	2651 Fiesta Dr. Venice, FL 34293	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PTR	William A. Cosentino	2651 Fiesta Dr. Venice, FL 34293	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 29, 2012


 Signature of a member or authorized representative of a member

William A. Cosentino
 Typed or printed name of signee

12 SEP -4 PM 12:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED