

LO8000035212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

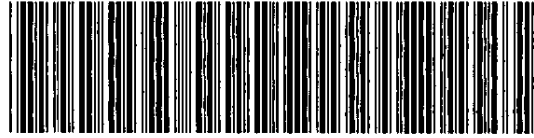
LO8-35212

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100134407881

08/15/08--01005--016 \*\*30.00

**FILED**  
08 AUG 27 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Antonio Pharmacy 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:

Salami, Anthony  
(Name of Person)  
Antonio Pharmacy  
(Firm/Company)  
923 SW 122nd Ave  
(Address)  
Miami FL 33184  
(City/State and Zip Code)

For further information concerning this matter, please call:

Salami, Anthony at 305, 812 5353  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2008

ANTHONY SALAMI  
923 SW 122ND AVENUE  
MIAMI, FL 33184

SUBJECT: PEARLS HAIR STUDIO LLC  
Ref. Number: L08000035212

Please complete the enclosed form and return it to us with a check for \$ in order to complete your reinstatement.

In the amendment form you didnt list the changes.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 108A00046380

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

08 AUG 27 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pearls Hair Studio 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 04/08/08 and assigned  
Florida document number L08000035212

This amendment is submitted to amend the following:

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

Antonio Pharmacy LLC

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)

923 SW 122nd Ave  
Miami FL 33184

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Salami, Anthony

New Registered Office Address:

923 SW 122nd Ave

(Enter Florida street address)

Miami

(City)

Florida

33184

(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.

AS Salami

(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	Salami, Anthony	923 SW 122nd Ave Miami FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Salami Vanessa	923 SW 122nd Ave Miami FL 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input 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.)

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

08 AUG 27 AM 11:14  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED

Dated 8-25-08, 08

[Signature]  
Signature of a member or authorized representative of a member

Anthony Salami  
Typed or printed name of signee