L08000039822

(Re	questor's Name)			
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SECKETARY OF STATE

D. BRUCE

MAR 1 4 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2012

JAIME GENAO 5450 WEST HILLSBORO BLVD, SUITE 1 COCONUT CREEK, FL 33073

SUBJECT: CAPELLI BEAUTY & BARBER SUPPLY, LLC

Ref. Number: L08000039822

We have received your document for CAPELLI BEAUTY & BARBER SUPPLY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00007929

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SEGRETARY BESTATE

COVER LETTER

Division of Cor		•				
SUBJECT:	CAPELLI BEAUTY	& BARBER SUPPLY,	LLC			
	Name of Lim	ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspo	ondence concerning this matter	r to the following:				
		JAIME GENAO	, ,,	_		
		Name of Person				
	CAPELLI BEAUTY & BARBER SUPPLY, LLC					
Firm/Company						
	5450 WEST HILLSBORO BLVD SUITE 1					
		MAR 13				
	25 ST C					
jaime@capellibeauty.com E-mail address: (to be used for future annual report notification)						
For further information c	oncerning this matter, please of	•		₽		
JAI	ME GENAO	at (954)	725-4540			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certific	iling Fee, eate of Status & ed Copy onal 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

CAPELLI REALITY & RARRER SLIPPLY LLC

(Name of the Limited Liability Comp (A Florida Limited			,	
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on	APRIL 21, 2008	_ and assigned	
lorida document numberL08000039822				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company ho	ere:		
he new name must be distinguishable and end with the words "Lin L.L.C."	nited Liability Comp	pany," the designation "LLC	" or the abbreviat	
nter new principal offices address, if applicable:		Þφ	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		F 60 ≥ 23	E 77	
	<u></u>	AS	20	
		Sm ² K	ar M	
nter new mailing address, if applicable:		E'S		
Mailing address MAY BE A POST OFFICE BOX)		TAT ORI	ar .	
		9.M	•	
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address he		our records, enter the	name of the	
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: 4.39 MGR[≟] Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> Address **ALEXIRA ROSARIO MGR 452 WASHINTON STREET** Add Remove HAVERHILL MA 01832 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \prod Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) FEBRUARY 20 2012 Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00