6000039822

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Cassial Instructions to Elling Officer
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section
Division of Corporations

GUBLECT: Capelli Beauty & Barber Supply, 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:

Susan Massinger

Name of Person

David A Carter PA

Firm/Company

1900 Glades Road, Suite 401

Address

Boca Raton, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Massinger

_{at} 561

750-6999

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capelli Beauty & Barber Supply, 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 Florida document number $\frac{L08000039822}{L08000039822}$	were filed on <u>04/21/2</u>	8008	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	on "LLC" or the abb	oreviation "L	.L.C."
Enter new principal offices address, if applicable:			~···	
(Principal office address MUST BE A STREET ADDRESS)				session con
				1000mint
Enternment weekler address to such a black		Ć I''		of Francis
Enter new mailing address, if applicable:		<u> </u>		14.
(Mailing address MAY BE A POST OFFICE BOX)			S <u> </u>	7 210
			<u> </u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ecords, <u>enter tl</u>	<u>ie name c</u>	of the new
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, the, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eury Genao	5450 W Hillsboro Blvd, Suite 1	Add
		Coconut Creek, Florida 33073	□ Remove
			🗖 Add
			□ Remove
			Add
		רי י די	PH T
		January David	
			□ Remove
			Add
			□ Remove
			Add
			Remove

Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)
Dated May 8
Signature of a member or authorized representative of a member
Signature of a Member or authorized representative of a member Jaime Genao, Managing Member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

