

L08000039822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

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*Amend*

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TALLAHASSEE, FLORIDA  
CLERK OF COURT

FILED MAY 29 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 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**

Name of Person

**561 750-6999**

at (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

Page 1 of 3

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

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>                 | <u>Type of Action</u>                   |
|--------------|-------------|--------------------------------|---|
| MGR          | Eury Genao  | 5450 W Hillsboro Blvd, Suite 1 | <input checked="" type="checkbox"/> Add |
|              |             | Coconut Creek, Florida 33073   | <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         |
|              |             |                                | <input type="checkbox"/> Add            |
|              |             |                                | <input type="checkbox"/> Remove         |

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

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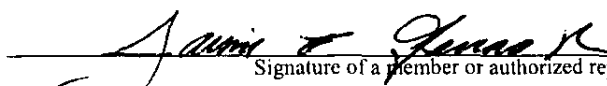
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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, 2014



Signature of a member or authorized representative of a member

Jaime Genao, Managing Member

Typed or printed name of signer

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Filing Fee: \$25.00

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