

L080000041260

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(Address)

(Address)

(City/State/Zip/Phone #)

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2008 MAY 20 P 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M SALON 1, 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:

RON PORAT
(Name of Person)

ARU BUSINESS SERVICES, PA
(Firm/Company)

6702 N. GUNLOCK AVENUE
(Address)

TAMPA, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

RON PORAT at **(813) 870-0060**
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

M SALON 1, 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 APRIL 24, 2008 and assigned
Florida document number L08000041260.

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."

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: MICHELINE BARBER

New Registered Office Address: 1501 W. SLIGH AVENUE
(Enter Florida street address)

TAMPA, Florida 33604
(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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MILBURN M. MCCANTS	35247 JANINE DRIVE ZEPHYRHILLS, FL 33541 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KIMBERLY M. MCCANTS	35247 JANINE DRIVE ZEPHYRHILLS, FL 33541 US MGRM	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHELINE BARBER	18105 TURTLE BEACH WAY TAMPA, FL 33647	<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

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

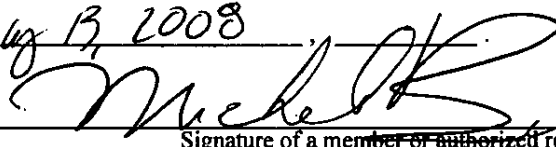
Article II: Change street address and mailing address:

OLD ADDRESS: 5930 Wedgefield Drive, Zephyrhills, FL 33541

NEW ADDRESS: 1501 W. Sligh Avenue, Tampa, FL 33604

Dated

May 13, 2008


Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
 2008 MAY 13 P 2:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA