

LOG0000048880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260000545

500260000545
07/08/14--01011--001 **25.00

FILED
14 JUL -7 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 8 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOLLYPOP KIDS SALON L.L.C.

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:

Edicson Gomez

Name of Person

Firm/Company

15651 Sheridan St Suite 1100

Address

Davie FL 33331

City/State and Zip Code

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

For further information concerning this matter, please call:

Tony Medina

Name of Person

954 478-7271

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2014

EDICSON GOMEZ
15651 SHERIDAN ST STE 1100
DAVIE, FL 33331

SUBJECT: LOLLYPOP KIDS SALON L.L.C
Ref. Number: L08000048880

We have received your document for LOLLYPOP KIDS SALON L.L.C, 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 \$25.00.

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

Teresa Brown
Regulatory Specialist II

Letter Number: 714A00013568

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOLLYPOP KIDS SALON L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 JUL -7 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/15/2008 and assigned
Florida document number L08000048880

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Edicson Gomez

New Registered Office Address:

15651 Sheridan Street Suite 1100

Enter Florida street address

Davie

City

Florida 33331

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, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

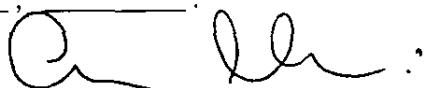
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tony Medina	15651 Sheridan St	<input type="checkbox"/> Add
		Suite 1100	<input checked="" type="checkbox"/> Remove
		Davie FL 33331	
MGR	Edicson Gomez	15651 Sheridan St	<input checked="" type="checkbox"/> Add
		Suite 1100	<input type="checkbox"/> Remove
		Davie FL 33331	
MGR	Mary Gomez	15651 Sheridan St	<input checked="" type="checkbox"/> Add
		Suite 1100	<input type="checkbox"/> Remove
		Davie FL 33331	
MGR	Alejandro Gomez	15651 Sheridan St	<input checked="" type="checkbox"/> Add
		Suite 1100	<input type="checkbox"/> Remove
		Davie FL 33331	
MGR	Katrina Gomez	15651 Sheridan St	<input checked="" type="checkbox"/> Add
		STE 1100	<input type="checkbox"/> Remove
		Davie FL 33331	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 June 16th 2014



Signature of a member or authorized representative of a member

Antonio Medina

Typed or printed name of signee