(Red	questor's Name)			
(Address)				
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	•			

Office Use Only

G. MCLFOD

SEP 1 9 2008

EXAMINER



200135966532

09/18/08--01023--001 **60.00

COVER LETTER

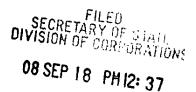
Division of Corporations							
SUBJECT: Salon House Calls 24C (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Carlos C. Colon (Name of Person)							
Salon House Calls LLC (Firm/Company)							
1817 Kalurna Ct.							
Orlando, FL 32806 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Cados C. Colon at (321) G61-0545 (Name of Person) at (321) G61-0545 (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)							

TO: . Registration Section

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



			0/
	OUSE COULLE Liability Company as It now A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited L	iability Company were filed o		and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of Salon Hass The new name must be distinguishable and end win "L.L.C."	e Calls L	LC	"LLC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered o	ffice address here:		r the name of the new
Name of New Registered Agent:	Carlos C.	Colon	
New Registered Office Address:	1817 Kaluri	a Court	
* E ₁	Orlando	(Enter Florida street , 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:						
MGR = Ma MGRM = M	nager Ianaging Member	•				
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Zaida Haedo	1817 Kalurna ct orlando, De 32806	Add Remove			
MGR	Carlos C. Colon	1817 Kaluma cf. Orlando, FL 32806	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)				
<u> </u>						
_						
Dated	Signature of a member	or authorized representative of a member				
	•	or printed name of signee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Page 2 of 2

Filing Fee: \$25.00