

✓
L08000071432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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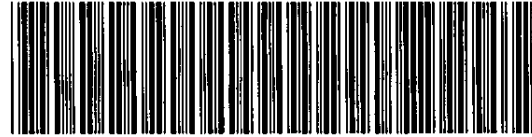
(Business Entity Name)

(Document Number)

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SECTION OF
TALLAHASSEE, FLORIDA

2013 OCT 21 PM 5:08

B. BOSTICK

OCT 22 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4SEASONS HAIR SALON, 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:

RAQUEL LEBRON

Name of Person

Firm/Company

1022 South Military Trail

Address

West Palm Beach, FL 33415

City/State and Zip Code

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

For further information concerning this matter, please call:

Raquel Lebron

Name of Person

at **(561) 396-6829**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FL 32301

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**

4SEASONS HAIR SALON, 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 07/24/2008 and assigned
Florida document number L08000071432

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)

1022 SOUTH MILITARY TRAIL
WEST PALM BEACH, FLORIDA 33415

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: RAQUEL LEBRON

New Registered Office Address: 1022 SOUTH MILITARY TRAIL
Enter Florida street address

WEST PALM BEACH, Florida 33415
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.

[Signature]
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:

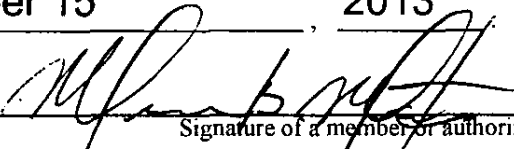
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAQUEL LEBRON	1022 S Military Trail West Palm Bch, FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MNG	MARIA E. BELLIARD-MONTES	1124 Banyan Drive West Palm Beach, FL 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FATIMA BETANCES	1124 Banyan Drive West Palm Beach, FL 33415	<input type="checkbox"/> Add <input checked="" 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.)

Dated October 15, 2013



Signature of a member or authorized representative of a member

Maria E. Belliard-Montes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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