

LOG 0000 56529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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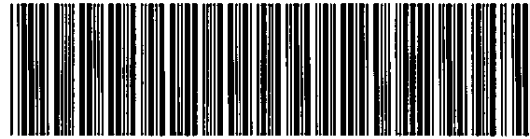
(Business Entity Name)

(Document Number)

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SEP 14 2014
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Salon 192 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:

Cynthia Gail Pugh

Name of Person

Salon 192 LLC

Firm/Company

192 State Road 312

Address

Saint Augustine Florida 32086

City/State and Zip Code

Gail.pugh101@comcast.net

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

For further information concerning this matter, please call:

Cynthia Gail Pugh

Name of Person

at

904 806-3497

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

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

Salon 192 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 6/10/2009 and assigned Florida document number L09000056529.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Salon 192 LLC

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:

192 State Road 312

(Principal office address MUST BE A STREET ADDRESS)

Saint Augustine FL

32086

Enter new mailing address, if applicable:

192 State Road 312

(Mailing address MAY BE A POST OFFICE BOX)

Saint Augustine FL

32086

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:

Cynthia Gail Pugh

New Registered Office Address:

4035 Grande Vista Blvd #101

Enter Florida street address

Saint Augustine

, Florida 32084

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 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.

Cynthia Gail Pugh
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

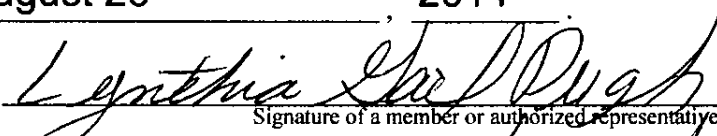
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sheri Bell	204 A 7th street	<input type="checkbox"/> Add
		St Augustine Fl	<input checked="" type="checkbox"/> Remove
		32080	
MGR	Cynthia G Pugh	4035 Grande Vista Blvd #101	<input checked="" type="checkbox"/> Add
		St. Augustine Fl	<input type="checkbox"/> Remove
		32084	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<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 August 26, 2014



Signature of a member or authorized representative of a member

Cynthia Gail Pugh

Typed or printed name of signee

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Filing Fee: \$25.00

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