

L09000091204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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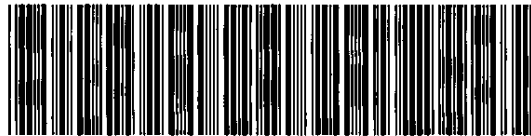
(Business Entity Name)

(Document Number)

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09 OCT -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIV N COLUR 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:

ALEJANDRO KABA-CPA

Name of Person

KABA CONSULTING INC

Firm/Company

1635 E HWY 50 STE 103

Address

CLERMONT, FL 34711

City/State and Zip Code

rose@kabaconsulting.com

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

For further information concerning this matter, please call:

ALEJANDRO KABA

Name of Person

at (**352**)

243-8460

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

September 29, 2009

ALEJANDOR KABA CPA
KABA CONSULTING INC
1635 E HWY 50 STE 103
CLERMONT, FL 34711

SUBJECT: LIV N COLUR HAIR SALON LLC
Ref. Number: L09000091204

We have received your document for LIV N COLUR HAIR SALON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 009A00031600

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

LIV N COLUR HAIR SALON LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/21/2009 and assigned Florida document number L09000091204.

This amendment is submitted to amend the following:

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

LIV N COLOR HAIR SALON 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:

(Principal office address MUST BE A STREET ADDRESS)

1936 BRUCE B. DOWNS BLVD #213

WESLEY CHAPEL, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1936 BRUCE B. DOWNS BLVD #213

WESLEY CHAPEL, FL 33544

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:

New Registered Office Address:

Enter Florida street address

, 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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIZABETH VILLADA	27410 ENDENFIELD WESLEY CHAPEL, FL 33544	<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
			<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.)*

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 09 OCT -8 PM 3:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____,

 Signature of a member or authorized representative of a member
 Alejandro Kaba
 Typed or printed name of signee