

L10000025310

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(Address)

(Address)

(City/State/Zip/Phone #)

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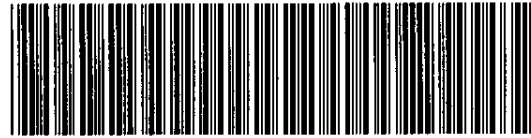
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N. Culligan DEC - 8 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elegant Style Salon & Spa, 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:

Jeff M. Novatt, Esq.

Name of Person

Cheffy Passidomo, P.A.

Firm/Company

821 Fifth Avenue South, Suite 201

Address

Naples, Florida 34102

City/State and Zip Code

jmnovatt@napleslaw.com

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

For further information concerning this matter, please call:

Jeff M. Novatt, Esq.

Name of Person

at (239)

261-9300

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Elegant Style Salon & Spa, 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 03/08/2010 and assigned
Florida document number L10000025310.

This amendment is submitted to amend the following:

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

Elegant Style 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: 4380 Gulf Shore Blvd. North, Suite 804
(Principal office address MUST BE A STREET ADDRESS) Naples, Florida 34103

Enter new mailing address, if applicable: 4380 Gulf Shore Blvd. North, Suite 804
(Mailing address MAY BE A POST OFFICE BOX) Naples, Florida 34103

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: Jeff M. Novatt, Esq.

New Registered Office Address: 821 Fifth Avenue South, Suite 201
Enter Florida street address

Naples, Florida, Florida 34102
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.

Jeff M. Novatt, Esq.
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	Irina Godbey	4380 Gulf Shore Blvd. North, Suite 804 Naples, Florida 34103	<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.)*

Dated December 3, 2010.

Jeff M. Novatt, Esq.
Signature of a member or authorized representative of a member
Jeff M. Novatt, Esq., Authorized Representative
Typed or printed name of signee

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