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BIVISION OF CORPORATION

T. HAMPTON

DEC 2 0 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MAMA'S BEAUTY 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:
MARIE E. SAINTAL - ALCIUS Name of Person
MAMA'S BEAUTY SALOW, LLC Firm/Company
1082-1-) NW 54 ST
Miam; FL 33127 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marie E SAINTAL - ALCIUS (786) 587 6166  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$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

FILES SECRETARY OF STATE DIVISION OF CORPORATIONS

MAMA'S BO	EAUTY SALON	10 DEC 17 PM 12:00
( <u>Name of the Limited Lia</u> (A Flo	EAUTY SALON ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>07</u> 077026	/22/2010 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
MAMAS UNISEX The new name must be distinguishable and end with the "L.L.C."	BEAUTY SAL e words "Limited Liability Company,"	ow, LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

GR = Manager GRM = Managing Member					
<u>e</u>	<u>Name</u>	Address	Type of Actio		
<del></del>			Add Remove		
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amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SIVISION &F 8		
			PH 12: 08		
I	markio Saini Signature of a member	Tal Alcus Commis r or authorized representative of a member	<u>-</u>		
		1US MARIE E.			

Page 2 of 2

Filing Fee: \$25.00