

L1660013767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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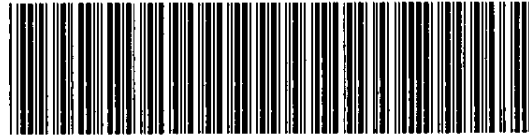
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR 11 PM 2:53

T. HAMPTON

MAR 14 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coast to Coast Salon Marketing, 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:

Christopher D. Cowart

Name of Person

Coast to Coast Salon Marketing, LLC

Firm/Company

2612 NE 5th St

Address

Pompano Beach, FL 33062

City/State and Zip Code

christopherc@cableone.net

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

For further information concerning this matter, please call:

Christopher D. Cowart

Name of Person

at ( 954 ) 802-8826

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED

11 MAR 11 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 1, 2011

CHRISTOPHER D COWART  
2612 NE 5TH ST  
POMPANO BEACH, FL 33062

SUBJECT: COAST TO COAST SALON MARKETING, LLC  
Ref. Number: L10000113767

We have received your document for COAST TO COAST SALON MARKETING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 211A00002709

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 MAR 11 PM 2:53

Coast to Coast Salon Marketing, 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 11/01/2010 and assigned  
Florida document number L10000113767.

This amendment is submitted to amend the following:

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

Universal Business Solutions, LLC 1<sup>ST</sup> CAPITAL RESOURCES, 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)**

2612 NE 5th St.

Pompano Beach, FL 33062

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2612 NE 5th St.

Pompano Beach, FL 33062

**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>
MGRM	Smith, Ryan	5220 19th Avenue Fort Lauderdale, FL 33308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nistico, Mia	1138 NE 17th Way Fort Lauderdale, FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Waites, Charles	1520 E. Sunrise Blvd Fort Lauderdale, FL 33304	<input type="checkbox"/> Add <input checked="" 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 January 25

2011

  
 Signature of a member or authorized representative of a member

Christopher D. Cowart

Typed or printed name of signee

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 DIVISION OF CORPORATIONS  
 11 MAR 11 PM 2:03