L11000031356

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EXAMINER



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09/19/11--01023--002 **25.00



COVER LETTER

Division of Co			
SUBJECT:	J. D. Unicax So	100.110	
	Name of Lim	ited Liability Company	
		·	A STATE OF THE STA
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	11 SEP 19 M 9: W6
Please return all corresp	ondence concerning this matter	r to the following:	5 (g)
,			基
	Yharton) Herrera	9.1
		Name of Person	
	J. D Uni	SEY SOLON, UC Firm/Company	
	3835 OK	amonda Hills Lanc	·
	Lakeland	, fl. 33813	
	Oliver IC	City/State and Zip Code	om
	F-mail address:	to be used for future annual report notifica	
		•	non)
For further information	concerning this matter, please of	call:	
Yberto m. Herrera		at (803) 937 . 903	39
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	the following amount:		
1 \$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

TSEP 19 M. 9: 45

einu G: C	ex Salon, uc		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number <u>L\\00031350</u>	lity Company were filed on 31/5/701 and assigned 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:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	B:		
(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	registered office address on our records, <u>enter the name of the new</u> address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	, Florida		
	City 7in 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>	Address	Type of Action
MBRM	margarita Herrera	3836 alomanda Hill Lunc 1016/10101.11.33813	Add Remove
MER_	Francisco Y. Homera	3835 alamanda Hills Lanc Janciana, 11.33813	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			-
			_ _
Dated	Olember 14, 2011 Sett Jenns	or authorized representative of a member	
		or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00