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SECRETARY OF STATE

T. CLINE

MAY 15 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	MR Beauty Salon LLC Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Richette Pierre Name of Person	
	HMR Beauty Salon, LLC Firm/Company	
	220 SW 9th Avenue Address	
	Hallendole, FL 3.3009 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
·\ \	oncerning this matter, please call:	re.
Alliance Cong Name of	Person O Area Code & Daytime Telephone Number	1
Enclosed is a check for the	· · · · · · · · · · · · · · · · · · ·	,
₹25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

1.

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

HMR Beauty	Salon, LLC	
(Name of the Limited Labit (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document numberL1100063721	Company were filed on05/31/2	oll and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		SECRET TALLAHA
(Mailing address MAY BE A POST OFFICE BOX)		SS = 1
TANKE THE COLUMN TO THE PARTY OF THE PARTY O		May 2 M
B. If amending the registered agent and/or reg		ST ST
B. If amending the registered agent and/or registered agent and/or the new registered office agent.	gistered office address on our records, y	enter the manage the new
Name of New Registered Agent:		
New Registered Office Address:	n . n . i	
	Enter Florida str	eet aaaress
	, Flor	ida
	Cuy	Lip 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
<u>MGRM</u>	Cherfrere, Am	OS 220 SW 9 th Avenue Hallandale, FL 33009	Add Remove
	**************************************		Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			A Hit Resove
D. If amer	nding any other information, ent	er change(s) here: (Attach additional sheets, if neo	SESSORY OF STATE
- -			·
Dated	Hay 8th Auto	, 2012 Where	
	Signature of Pi ch	a member of authorized representative of a member Lette Pierre Typed or printed name of signee	

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Filing Fee: \$25.00