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COVER LETTER

TO: Registration Sect Division of Corpo		-	
SUBJECT: E//e	e's Salon LA	4	SALLAS III
	Name of Limite	ed Liability Company	5 5 5
The enclosed Articles of Ar	mendment and fee(s) are subi	nitted for filing.	13 JUL 15 14 5: 18
Please return all correspond	dence concerning this matter t	to the following:	8
	Elianna.	BONEN FANT Name of Person	· · · · · · · · · · · · · · · · · · ·
		Salori LLC Firm Company	
	3111 W. Colo	miril Drive	
	3/11 10 . 0010	Address	
	DRLANDO	, FL 32808	
	EllesSalow	Address Address FC 32808 City/State and Zip Code Cymail. Lem o be used for future annual report notification	
			on)
For further information cor	ncerning this matter, please ca	ali:	
Johny Lad	wick	at (407) 625-1269 Area Code & Daytime Te	b Nowber
Name of I	?erson	Area Code & Daytime Te	repnone 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**

ELLE'S SALON 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 06/23/2011 and assigned					
Florida document number <u>LIIOOO 72972</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
M/A SAME as Above "Elle's 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:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Street					
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: ELIANNA BONENFANT New Registered Office Address: 3/11 W. Colonial Dr.					
New Registered Office Address: 3/1/1 W. Colonial DR.					
Enter Florida street address					
ORLANDU Florida 32808					
ORLAHOU Florida 32808 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. Element Boncachut
If Changing Registered Agent, Signature of New Registered Agent

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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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type o	of Action
MGR	Ladwick, Johnnyw	2770 Falcon Gost Place		Add
		LALO HARY, PL 32746	(Remove
Registered Agent	Lodwick, Johnnyw	2770 Falcon Gest Place Lake Hary, Pl 32746	(Add
				Add
				Remove
			19 JUL 15 PH	Add
			5: 18	
				Add
				Remove
				Add
				Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Registered Agent and Managers Only Elianna Bonent	pnt
Principal Address, Hailing, Registered Apont Address, Hemb Manager Address only 2111 West Colonial Derve	er/
Dibindo, Rl 32808	
Dated Chely 05 . 2013 .	
Agnature of a member or authorized representative of a member	
Johnny Codewick Elionro Borunfort Typed or printed name of signee	
Page 3 of 3 Filing Fee: \$25.00	3
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	CD