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D. BRUCE
JUN 0 8 2012
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Salow di Lola 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:
Outhony M. Malone
Salon di LoLa LLC Firm/Company
1411 S LOCENZOONE * 4 EE 75
Address Tampa, FL 33429 City/State and Zip Code tony Q Salondi LoLa. Color E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy \text{(additional copy is enclosed)}\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Salon	di LOL				
(Name of the Limited I	Liability Compan Florida Limited Li	y as it now ap lability Compa	pears on our rec ny)	ords.)	_
The Articles of Organization for this Limited Lia Florida document number L1200043	bility Company v	were filed on	3- 78 -	-2012 an	d assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity_company	here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Co	ompany," the desi	gnation "LLC" or	the abbreviation
Enter new principal offices address, if applica	ble:	1515	S. Dale	- Mabr	4 Ste 10
(Principal office address MUST BE A STREET	"ADDRESS)	Tan	pa, F	L 33L	029
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered off	r registered off		on our records	TALLAHASSEE, FLORIDA	is a second the new
Name of New Registered Agent:	- Aut	hony	M. M	lalon.	۷
New Registered Office Address:	1411 5	s. Lor	ENZO &		<u>+ </u>
	Tamp	City	, FI	orida 33	Code
New Registered Agent's Signature, if changing R	egistered 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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Jacob Sternberg	1411 S. LOPENZO ave Tampa FL 33629	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	ALL RO
-			JUN-7 PH
-		AUX	ESPATE D
Dated	Signature of a mepulop	The Malue of a member or authorized representative of a member	
	Typec	Anthony M. Malon	e_

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Filing Fee: \$25.00