

L12000100238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**D. BRUCE
DEC 13 2016**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SONNY SALON & SPA, 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:

JOHN MALERBA

Name of Person

JUMPING JAX TAX INC

Firm/Company

2005 VAN BUREN ST

Address

HOLLYWOOD FL 33020-5029

City/State and Zip Code

jack@jumpingjaxtax.com

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

For further information concerning this matter, please call:

JOHN MALERBA

954

927-6988

at ()

Name of Person

Area Code

Daytime Telephone 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

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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SONNY SALON & SPA 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 08/03/2012 and assigned
Florida document number L12000100238.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1220 WASHINGTON AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH FL 33139-4614

Enter new mailing address, if applicable:

1220 WASHINGTON AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH FL 33139-4614

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:

JUMPING JAX TAX INC

New Registered Office Address:

2005 VAN BUREN ST

Enter Florida street address

HOLLYWOOD

City

Florida 33020-5029

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHLOMI C ASAYAG	1220 WASHINGTON AVE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI BEACH FL 33139-4614	<input checked="" type="checkbox"/> Change
MGR	PAOLA LIVERANI	1220 WASHINGTON AVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI BEACH FL 33139-4614	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2010 DEC 12 P 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2016 DEC 12 P 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 09 DECEMBER, 2016

Signature of a member or authorized representative of a member

JOHN MALERBA, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee