То: /	Page 2 of 6 Division of Corporations	9/11/2014 2:50:33 PM PDT	13239628300 From: Amanda Sando Page 1 of 1
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		nt this page and use it as a cover sheet. Type below) on the top and bottom of all pages of the	
		(((H14000 2 14269 3)))	
		H140002142593ABC\$	
	Note: DO NOT	nit the REFRESH/RELOAD button on your bro Doing so will generate another cover sheet.	
	To:	Division of Corporations Fax Number : (850)617-6383	
	AH 8: 50 AH 8: 50 AFRENATIONS SERVICES	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	
1 *.	\sim	l address for this business entity to ort mailings. Enter only one email add ss:	be used for future ress please.**
<u>,</u> * *	LLC A	MND/RESTATE/CORRECT OR M/M SALON COMFORT LLC	G RESIGN
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		Estimated Charge \$55.0	

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TO: Registration Se			,
Division of Cor	porations	• •	a
SALON C	COMFORT LLC		
SUBJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	<u></u>
	100 W. Broadway Suite	Address	<u></u>
		Address	
	Glendale, CA 91210		
	mamick1@yahoo.com	City/State and Zip Code	
		(to be used for future annual report notification)	
For further information e	oncerning this matter, please o	zall:	
Imelda Vasquez		323 962-8600 ext 7950	
Name o	of Person	at () Area Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy Content of Status & (additional copy is coolosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURLER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl	

ARTICLES OF AMENDMENT ТО ARTICLES OF ORGANIZATION OF SALON COMFORT 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 02/20/2013 and assigned Florida document number L13000026232 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3810 Murrell Rd PMB 348 Enter new principal offices address, if applicable: Rockledge, FL 32955 (Principal office address MUST BE A STREET ADDRESS) 3810 Murrell Rd PMB 348 Enter new mailing address, if applicable: Rockledge, FL 32955 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida Zip Code City 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.		AND P	: : محمد محمد
	If Changing Registered Agent, Signature of Ne	w Registered Agent	Γ
	Page 1 of 3	AH ID: 57 Y & STATE EE. FLORID	ņ

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If amending the Managers or Authorized Member on our records,	enter the title, name, an	id address of each Manager or
Authorized Member being added or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Philip Amick	4139 Mourning Dove Ct.	ZÍ Add
		Melbourne, FL 32934	Remove
			🖸 Add
			Remove
	<u> </u>		Add
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To:	Page 6 of 6	9/11/2014 2:50:33 PM PDT 132	39628300	From: Amanda Sando
	D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary	V.)	
	(The effecti	e date, if other than the date of filing:(optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his docyment is filed by the Florida Department of State)		
	Dated	916 . 2014. milel E link		
		Signature of a member or authorized representative of a member		-
		Michael E Amick		
		Typed or printed name of signee		

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Page 3 of 3 Filing Fee: \$25.00

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