

#L 130000037861

(Requestor's Name)

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13 APR -3 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 4 2013



COVER LETTER

Salon Suite Group 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:

Chris Behne

Name of Person

Salon Suite Group LLC

Firm/Company

1162 Canoe Pt Delray FL 33444

Address

City/State and Zip Code

CBehne7@gmail.com

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

For further information concerning this matter, please call:

Chris Behne

Name of Person

at (561) 859-6697

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



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 APR -3 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Salon Suite group 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 3/13/2013 and assigned
Florida document number L13000037861

This amendment is submitted to amend the following:

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

Gulfstream Auto Group 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)

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

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent



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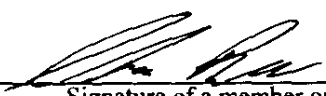
s on our records, enter the title, name, and address of each Manager
 om our records:

		<u>Address</u>	<u>Type of Action</u>
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		<hr/>	<input type="checkbox"/> Remove
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ge(s) here: (Attach additional sheets, if necessary.)

Dated 3/28/2013


Signature of a member or authorized representative of a member

Chris S Behne

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00