

L13000048086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

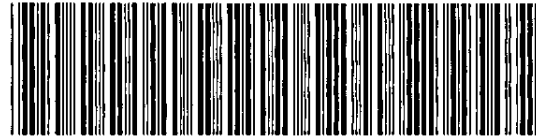
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABELLO'S 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:

ANNA KING
Name of Person

CABELLO'S SALON & SPA LLC.
Firm/Company

1240 THOMASVILLE ROAD
Address

TALLAHASSEE FLORIDA 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

ANNA KING at (850) 212 1563
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

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

CABELLO'S 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 04/02/13 and assigned Florida document number L13000048086

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1240 THOMASVILLE RD.
TALLAHASSEE FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1240 THOMASVILLE RD
TALLAHASSEE FL. 32303

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:

ANNA KING

New Registered Office Address:

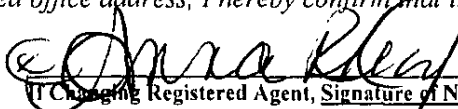
1240 THOMASVILLE ROAD

Enter Florida street address

TALLAHASSEE, Florida FL. 32303
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 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

MGR = Manager
AMBR = Authorized Member

MGRM Anna King 1240 Thomasville Rd ☒ Add
Tallahassee FL 32303 ☐ Remove

MGRM PAUL B. BARTTINI 1500 APALACHEE PKY ☐ Add
TALLAHASSEE FL 32301 ☒ Remove

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

(This area is crossed out with a large X, indicating no changes are being made.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 13, _____, 2014

Anna R King
Signature of a member or authorized representative of a member
ANNA KING
Typed or printed name of signee

FILED
MAY 15 2014
TALLAHASSEE
FLORIDA

14 MAY 15 PM 2:21

APPROVED
FILED