

L13000055428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FILED
2015 DEC 28 AM 10:28
SOUTH FLORIDA
TALLAHASSEE FLORIDA

JAN 05 2016
J. HARRIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2015

DALE VERONESI
STUART INVESTMENT, LLC
4361 SE SCOTLAND CAY WAY
STUART, FL 33497

OK

SUBJECT: A SUITE SALON FRANCHISE CO, LLC
Ref. Number: L13000055428

FILED
2015 DEC 28 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A SUITE SALON FRANCHISE CO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. *OK*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00025359

RECEIVED
15 DEC 28 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A Suite Salon Franchise Co, 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 04/16/201307/21/2005 and assigned Florida document number L13000055428.

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:

(Principal office address MUST BE A STREET ADDRESS)

REC'D
STATE OF FLORIDA
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA
015 DEC 28 AM 10:29

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:

Dale Veronesi

New Registered Office Address:

4361 S.E. Scotland Cay Way

Enter Florida street address

Stuart

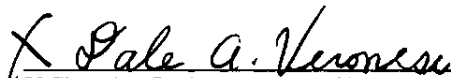
City

, Florida 34497

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 25 DEC 08 10:20

