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COVER LETTER

TO: Registration Secti Division of Corpo			} ,
	ON TRIBECA, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	TODD R. BOMSER,	СРА	
		Name of Person	
	GOTTESMAN, BOM	ISER & COMPANY, PA	
		Firm/Company	
	8211 W. BROWARD	BLVD, SUITE 440	
		Address	
	PLANTATION, FL 33	3324	
	TODD@GBC1040.C0	City/State and Zip Code	
-		o be used for future annual report notific	ation)
For further information cond	erning this matter, please ca	ill:	
TODD BOMSER		954 321-9991	
Name of Pe	erson	Area Code Daytime 7	elephone Number
Enclosed is a check for the f	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

BDRY SALON TRIBECA, 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 9/6/13 Florida document number L13000125911	and assig	gned
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 to	he 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, ent	der the name o	of the new
registered agent and/or the new registered office address here:	7	
Name of New Registered Agent:	5 FT@	
New Registered Office Address:		b ynga <u>.</u> Sab d ader
Enter Florida street address		
, Florida	Zip Gode	Existing y

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 the Managers or Authorized Member on our records, enter the title, name, and 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	FREDERICK P. WICH, JR.	1120 LAKE SHORE BLVD.	A dd
		EVANSTON, IL 60202	Remove
AMBR	ABED AYESH	22 CUMBERLAND AVE	Add
		TOTOWA, NJ 07012	Remove
AMBR	OMAR HAZIN	22 COLUMBUS AVE	■ Add
		TOTOWA, NJ 07512	Remove
			Remove 15 FEB
		,	Aed Aed Remove
			Add
			□ Remove

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date this document is filed by the Florida Department of State)	(optional) rannot be more than 90 days after
Sective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and of date this document is filed by the Florida Department of State) ted	(optional) annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

