

L17000125511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

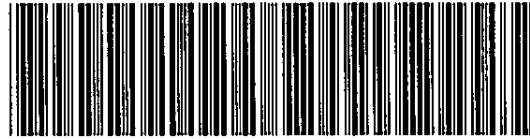
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stevens FEB 18 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BDRY SALON TRIBECA, 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:

TODD R. BOMSER, CPA

Name of Person

GOTTESMAN, BOMSER & COMPANY, PA

Firm/Company

8211 W. BROWARD BLVD, SUITE 440

Address

PLANTATION, FL 33324

City/State and Zip Code

TODD@GBC1040.COM

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

For further information concerning this matter, please call:

TODD BOMSER

954 321-9991  
at ( )

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

## Page 1 of 3

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> | <u>Name</u>            | <u>Address</u>        | <u>Type of Action</u>                   |
|--------------|------------------------|-----------------------|---|
| AMBR         | FREDERICK P. WICH, JR. | 1120 LAKE SHORE BLVD. | <input checked="" type="checkbox"/> Add |
|              |                        | EVANSTON, IL 60202    | <input type="checkbox"/> Remove         |
| AMBR         | ABED AYESH             | 22 CUMBERLAND AVE     | <input checked="" type="checkbox"/> Add |
|              |                        | TOTOWA, NJ 07012      | <input type="checkbox"/> Remove         |
| AMBR         | OMAR HAZIN             | 22 COLUMBUS AVE       | <input checked="" type="checkbox"/> Add |
|              |                        | TOTOWA, NJ 07512      | <input type="checkbox"/> Remove         |
|              |                        |                       | <input type="checkbox"/> Add            |
|              |                        |                       | <input type="checkbox"/> Remove         |
|              |                        |                       | <input type="checkbox"/> Add            |
|              |                        |                       | <input type="checkbox"/> Remove         |
|              |                        |                       | <input type="checkbox"/> Add            |
|              |                        |                       | <input type="checkbox"/> Remove         |

15 FEB 1994 11:08 AM  
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 HEREIN IS UNCLASSIFIED  
 DATE 11/11/01 BY 60324

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

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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 2/5, 15



Signature of a member or authorized representative of a member

Abed Ayesh

Typed or printed name of signee

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Filing Fee: \$25.00

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