

L13000130693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

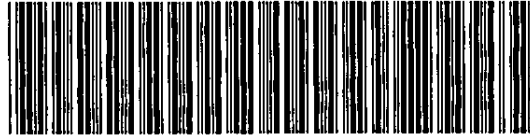
(Document Number)

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02/25/16--01009--016 \*\*25.00

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2016 MAR 11 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 29, 2016

DISALVO & COMPANY, P.A.  
PETER A DISALVO  
1945 20TH ST.  
VERO BEACH, FL 32960

SUBJECT: MODERN ONE SALON, LLC  
Ref. Number: L13000130693

We have received your document for MODERN ONE SALON, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000063112 "CLOUD 9, INC".

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00004132

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Modern One Salon, 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:

Peter A. DiSalvo

Name of Person

DiSalvo & Company, P.A.

Firm/Company

1945 20th Street

Address

Vero Beach, FL 32960

City/State and Zip Code

flannualreports@disalvocpa.com

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

For further information concerning this matter, please call:

Peter A. DiSalvo

at (772) 770-6008

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**

Modern One Salon, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2016 MAR 11 PM 1:18  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/16/2013 and assigned  
Florida document number L13000130693.

This amendment is submitted to amend the following:

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

~~Cloud 9, LLC~~ Cloud 9 Salon, LLC

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)

2101 Indian River Blvd

~~Suite 212~~ Suite 106

Vero Beach, FL 32960

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1945 20th Street

Vero Beach, FL 32960

**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:

DiSalvo & Company, P.A.

New Registered Office Address:

1945 20th Street

*Enter Florida street address*

Vero Beach

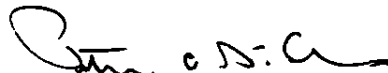
, Florida 32960

*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

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
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TALLAHASSEE, FL 32310

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

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2016 MAR 11 PM 1:18  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Feb 22, 2016, \_\_\_\_\_.

Caitlin Bayle  
Signature of a member or authorized representative of a member

Caitlin Bayle Warner  
Typed or printed name of signee