

L13000132339

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2014 MAY 14 PM 4:45
TALLAHASSEE, FLORIDA

MAY 21 2014

J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENESIS GLAMOUR HAIR 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:

GONZALEZ, JUAN B

Name of Person

GENESIS GLAMOUR HAIR SALON LLC

Firm/Company

824 EAST VINE ST

Address

KISSIMMEE, FL 34744

City/State and Zip Code

bceden2005@yahoo.com

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

For further information concerning this matter, please call:

Juan Gonzalez

Name of Person

407 7388923

at (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

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2014 MAY 14 PM 4:45
TALLAHASSEE FLORIDA

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

GENESIS GLAMOUR HAIR SALON 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 09/19/2013 and assigned
Florida document number L13000132339.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

SEVERINA ROMANO

New Registered Office Address:

1010 VAQUERO LN

Enter Florida street address

KISSIMMEE

Florida 34741

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 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>
MGR	SEVERINA ROMANO	1010 VAQUERO LN	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741-6318	<input type="checkbox"/> Remove
MGR	RITA DOL HERNANDEZ	1018 SOARING EAGLE LN	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746-6701	<input type="checkbox"/> Remove
MGR	GONZALEZ, JUAN B	2766 EAGLE CANYON DR S	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
MGR	GONZALEZ, DORA	2766 EAGLE CANYON DR S	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE OF FLORIDA
CLERK OF CIRCUIT COURT

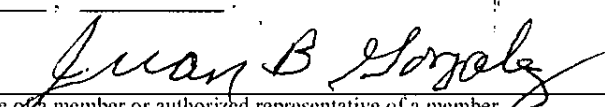
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: 05/06/2014 (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 , 05 2014


Signature of a member or authorized representative of a member

GONZALEZ, JUAN B

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA