14400030191

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, -p

Office Use Only



500312844205

05/02/18--0100s--019 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 0 4 2018

COVER LETTER

FO: Registration Se Division of Cor						
DALYAN: Subject:	SALON.113, LLC ADD MA	NAGER				
SOBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	SABRINA WALL					
		Name of Person	·			
	FRANVEST MANAGEMENT					
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	1080 WOODCOCK RD S	TE 295				
		Address				
	ORLANDO, FL 32803					
		City/State and Zip Code				
	SABRINA@FRANCHISEI	3A.COM to be used for future annual report noti	f. parious V			
*		·	reactory			
or further information e	oncerning this matter, please co	311:				
SABRINA WALL		407 856-0611 at ()				
Name o	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he following amount:					
S25.00 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)			
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Talkhassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAI,YAN,SALON,113, 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 $\frac{2/21/2014}{1}$ and assigned Florida document number L14000030191 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) 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: New Registered Office Address: Enter Florida street address

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member	er			
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	JIN, WU	40 Charter Road	= Add		
-		Selden, NY 11784	PRemove		
			Change		
			O Add		
			Remove		
			Change		
			Add		
		-	Remove		
			☐ Change		
			Remove		
			Change		
			Remove		
			Change		
			🗆 Add		
			Remove		
			Change		

If amending	any other informátion,	enter change(s) here:	(Attach additional	sheets, if necessary.)	
•					
•				·	
				· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	
					·
				·	
		·	•		
				_	
Note: If the d	e, if other than the date te is listed, the date must be sp ate inserted in this block d fective date on the Departi	loes not meet the applical	o date of filing or more t ble statutory filing re-	(optional) han 90 days after filing) Pursua quirements, this date will not	nt to 605 0207 (3) t be listed as the
	pecifies a delayed effo day after the record i		an effective time	e, at 12:01 a.m. on the	e earlier of:
Date of APRIL	27TH	2018			
Dated			$\dot{}$		
	>	2		_	
	Signa	nture of a member or author	nzed representative of a	member	
0.4	DDIMA WALL ACAGA	AZED			
24	BRINA WALL AS MAN		I name of signee		

Page 3 of 3

Filing Fee: \$25.00