# L14000/02277

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## COVER LETTER

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TO:	Registration Se Division of Cor		•	
		h Salon SL LLC.	·	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	•	
		Roy Naccour	,	
		**************************************	Name of Person	
		La Roy Salon Inc.	,	
			Firm/Company	
		5132 Land O'Lakes	Blvd. Suit 103	
		<del></del>	Address	
		Land O'Lakes / FL.	/ 34639	
		naccourroy@hotmail	City/State and Zip Code .com	
		E-mail address: (	to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Roy	Naccour		813 390-1466	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>Z</b> \$2.	5.00 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

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J. Joseph Salon SL LLC.

SECRETARY OF STATE TALL MIASSEE, FLORIDA

(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 \_\_\_\_\_\_\_ 26, 2014 and assigned L14000102277 Florida document number 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 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

. Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roy Naccour		1100 01 120101
		5132 Land O'Lakes Blvd. Suit 103,	Add
			□ Remove
		Land O'Lakes, FL, 34639	
			🗖 Add
			Remove
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			Add
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Signature of a member of authorized repr	esentative of a member
ted	esentative of a member

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