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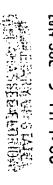
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COVER LETTER*

COVERLETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Salonplex 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:	
John D'Angelo	
Name of Person	
Salonplex	
Firm/Company	
1222 SE 47th St Suite 114	
Address	
Cape Coral, FL 33904	
City/State and Zip Code john4paradise@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
John D'Angelo989_5289520	2814 JUL -
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	PH :

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salonplex LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	 	
The Articles of Organization for this Limited Liab Florida document number _L14000103158	ility Company were filed on 06/27/2014	and assigned	i
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	,,
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>enter</u> e <u>address here</u> :	JUL -9	ie new
New Registered Office Address:		PH PH	COLUMN TO THE CO
	Enter Florida street address	影響が	la #
	, Florida		
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	John D'Angelo	1222 SE 47th Terr	Add
		Suite 114	Remove
		Cape Coral, FL 33904	
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The effective date must be the date this document is f	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
The effective date must be the date this document is for Dated July 7	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State) 2014 Signature of a member or authorized representative of a member
The effective date must be the date this document is for the date this document is for the dated. July 7	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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