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(Re	equestor's Name)			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2014

WILKENS EDMOND 1106 NW 81ST TERRACE PLANTATION, FL 33322

SUBJECT: DOLCE SALON, LLC Ref. Number: L14000139097

We have received your document for DOLCE SALON, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00020552

2014 OCT -3 PM 4: 52

COVER LETTER

TO:

Registration Section **Division of Corporations**

DOLCE SALON, LLC

Name of Limited Lia ality Company

The enclosed Articles of Amendment and fee(s) are submitted or filing.

Please return all correspondence concerning this matter to the 1 flowing:

WILKENS EDMOND

1 me of Person

DOLCE SALON, LLC

1106 NW 81ST TERRACE

PLANTATION, FL 33322

City/ tate and Zip Code

KINGSAIR24HR@GM.\IL.COM

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

For further information concerning this matter, please call:

AMEERAH S ADEJOLA

t (954) Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30,00 Filing Fee & Certificate of Status □ ≥ 5.00 Filing Fee & ertified Copy idditional 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

DULCE SALON, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Con- Florida document number <u>L14000139097</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	liability company here:
DOLCE HAIR AND NAILS SALON, LLC	
The new name must be distinguishable and end with the words "Limit	d Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	3 2
(Principal office address MUST BE A STREET ADDRI:	47.77
	<u>စာ</u> ကို ယ နို ကြိုင်း ကြိုင်း မြောင်း
Enter new mailing address, if applicable:	1106 NW 81ST TERRACE
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION, FL 33322 👮 🎖
··	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, <u>enter the name of the new</u> shere:
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Code
New Registered Agent's Signature, if changing Registered	gent:
provisions of all statutes relative to the proper and con-	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered effice address, I hereby confirm that the limited liability

company has been notified in writing of this change.

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>	ddress	Type of Action
AMBR	WILKENS EDMOND	1106 NW 81ST TERRACI	= Add
		PLANTATION, FL 33351	Remove
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D. It amending any other information, enter change(s)	Mere: (Attach daditonal sheets, ty necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State))5/14 (optional) or filed date and cannot be more than 90 days after
Dated OCTOBER 2 . 201	
WILKENS EDMOND	outhorized representative of a member

1 age 3 of 3

Filing Fee: \$25.00

