

L15000005032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/16/15--01053--014 \*\*25.00

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15 MAR 16 AM 11:37

TREASURY STATE

APR 03 2015

S. YOUNG

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

**STARR SALON ENTERPRISES 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 01/09/2015 and assigned  
Florida document number L15000005032.

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*

*City*

*, Florida*

*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**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STARR SALON ENTERPRISES 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:

**CARLETON BAUER**

Name of Person

**STARR SALON ENTERPRISES LLC**

Firm/Company

**3420 SOUTH OCEAN BOULEVARD APT 12S**

Address

**HIGHLAND BEACH, FL 33487**

City/State and Zip Code

**CARLTONBAUER@BELLSOUTH.NET**

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

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15 MAR 16 AM 11:37  
TALLAHASSEE, FL  
SECRETARY OF STATE

For further information concerning this matter, please call:

**CARLETON BAUER**

561 445-4147  
at ( )

Name of Person

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STARR BAUER	3420 SOUTH OCEAN BLVD #12S	<input type="checkbox"/> Add
		HIGHLAND BEACH, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT  
TAMPA, FLORIDA

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 MARCH 10TH, 2015

*Carlito Bauer*  
Signature of a member or authorized representative of a member

CARLETON BAUER

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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15 MAR 16 AM 11:37  
FLORIDA DEPARTMENT OF STATE