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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVINE HAIR SALON 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:

ANTHONY CARENZA
Name of Person

DIVINE HAIR SALON LLC
Firm/Company

12436 W. ATLANTIC BVD
Address

CORAL SPRINGS FL 33071
City/State and Zip Code

TONY CARENZA@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY CARENZA at (951) 856-9537
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

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TALLAHASSEE, FLORIDA

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

DIVINE HAIR SALON 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 04-03-2015 and assigned
Florida document number 47-3619474.

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 "LLC."

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)

5451 PINE COURT

CORAL SPRINGS FL 33067

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:

ANTHONY G. CARENZA

New Registered Office Address:

5451 PINE COURT

Enter Florida street address

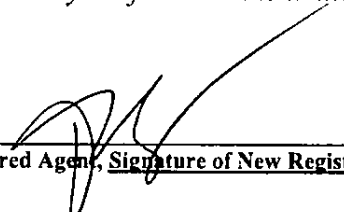
CORAL SPRINGS, Florida 33067

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANTHONY CARENZA	5451 PINE CT	☐ Add
		CORAL SPRINGS	☐ Remove
		FL, 33067	☒ Change
MGR AMBR (30)	SOPHIA CARENZA	" "	☐ Add
			☐ Remove
			☐ Change
AMBR	MARIA CARENZA	" "	☐ Add
			☐ Remove
			☐ Change
AMBR	PATRICK CARENZA	" "	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALAMASE, J
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/26/, 2015

Signature of a member or authorized representative of a member

ANTHONY C. MENZA
Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

DIVINE HAIR SALON LLC

Filing Information

Document Number L15000059504
FEI/EIN Number 47-3619474
Date Filed 04/03/2015
Effective Date 04/01/2015
State FL
Status ACTIVE

Principal Address

12436 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

Mailing Address

12031 NW 1ST ST
CORAL SPRINGS, FL 33071

← 5451 PINE CT
CORAL SPRINGS FL 33067

Registered Agent Name & Address

CARENZA, ANTHONY G
~~12031 NW 1ST ST~~
~~CORAL SPRINGS, FL 33071~~

← 5451 PINE CT
CORAL SPRINGS FL 33067

Authorized Person(s) Detail

Name & Address

Title PRES member

CARENZA, ANTHONY G
~~12031 NW 1ST ST~~
~~CORAL SPRINGS, FL 33071~~

← 5451 PINE CT
CORAL SPRINGS FL 33067

Title VP member

CARENZA, MARIA A
12031 NW 1ST ST
CORAL SPRINGS, FL 33071

← 5451 PINE CT
CORAL SPRINGS FL 33067

Title MGR member

CARENZA, SOPHIA M

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TALLAHASSEE, FLORIDA

10/22/2015

Detail by Entity Name

~~12031 NW 1ST ST~~
~~CORAL SPRINGS, FL 33074~~

5451 PINE CT
CORAL SPRINGS FL 33067

Annual Reports

No Annual Reports Filed

Document Images

04/03/2015 -- Florida Limited Liability

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State of Florida, Department of State

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