L15000 132625

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	

Office Use Only



500329421745

05/16/19--01015--006 **25.00

2010 HAY 16 D = 25

TOTAL STATE

COVER LETTER

	gistration Sec vision of Corp					
SUDJECT.		AUTY SALON & SPA LLC				
SUBJECT.		Name of Limi	ted Liability Company			
The enclose	d Articles of A	amendment and fee(s) are sub-	nitted for filing.			
Please retur	n all correspor	idence concerning this matter (to the following:			
		JACQUELINE A. SALCIN	NES, ESQ.			
		+ E-P-P-	Name of Person			
		JACQUELINE A. SALCIN	NES, PA			
			Firm/Company			
		706 S DIXIE HIGHWAY				
			Address	<u> </u>		
		CORAL GABLES FLORI	DA 33146			
		City/State and Zip Code J.SALCINES@SALCINESLAW.COM				
		E-mail address: (to be used for future annual report noti	fication)		
For further	information co	oncerning this matter, please co	nil:			
JACQUEL	ine salcin	ES	305 6695280			
-	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DORAL BEAUTY SALON & SPA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2913 HAY 16 P 1: \$5 The Articles of Organization for this Limited Liability Company were filed on _ Florida document number ____115000132625 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 "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: __, Florida <u>3316</u>1

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.

ý

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>	Type of Action
MGR	CRISTINA OTERO	7283 NW 36TH STREET	₫ Add
		DORAL FL 33166	□ Remove
			☐ Change
RIGOB	ANGY DELGADO	7283 NW 36TH STRET	Add
		DORAL FL 33166	□ Remove
			☐ Change
MGR	RIGOBERTO MORENO	7283 NW 36TH STREET	
		DORAL FL 33166	_ □ Remove
			☐ Change
MGR	ANA C. LARRAZABAL	7283 NW 36TH STREET	
		DORAL FL 33166	X Remove
			Change
MGR	RICARDO NAVA	7283 NW 36TH STREET	Add
		DORAL FL 33166	Y Remove
			□ Change
			∩ Add
			□ Remove
			Change

		
		
		
 		
		
		
		
Note: If the date inserted in t	MAY 3, 2019 In the date of filing:	nt to 605.0207 (i t be listed as th
the record specifies a del) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	earlier of:
Dated MAY 3	2019	
	Polit Um R	
(2	Signature of a member or authorized representative of a member 1 6 0 0 E 2 TO MOLENO	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00