

45000 132625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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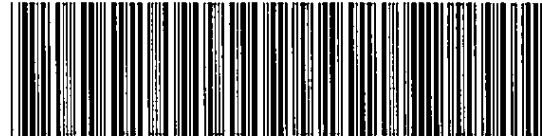
(Business Entity Name)

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MAY 16 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DORAL BEAUTY SALON & SPA 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:

JACQUELINE A. SALCINES, ESQ.

\_\_\_\_\_  
Name of Person

JACQUELINE A. SALCINES, PA

\_\_\_\_\_  
Firm/Company

706 S DIXIE HIGHWAY

\_\_\_\_\_  
Address

CORAL GABLES FLORIDA 33146

\_\_\_\_\_  
City/State and Zip Code

J.SALCINES@SALCINESLAW.COM

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

For further information concerning this matter, please call:

JACQUELINE SALCINES

305 6695280

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



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>
MGR	CRISTINA OTERO	7283 NW 36TH STREET	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RIGOB	ANGY DELGADO	7283 NW 36TH STRET	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIGOBERTO MORENO	7283 NW 36TH STREET	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA C. LARRAZABAL	7283 NW 36TH STREET	<input type="checkbox"/> Add
		DORAL FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO NAVA	7283 NW 36TH STREET	<input type="checkbox"/> Add
		DORAL FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: MAY 3, 2019 (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 MAY 3 2019

Handwritten signature of Rigoberto Moreno

Signature of a member or authorized representative of a member

RIGOBERTO MORENO

Typed or printed name of signee