# L/6000039046

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(Re	equestor's Name)	
_ (Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF SIME

K. SALY SEP 2 7 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations		•
SUBJECT: Salon Max CC LLC		
Name of Limit	Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Color   Harge	
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Ochn	Parselo Name of Person	
Salon flex	Holdings LLC Firm/Company	
Care Co	City/State and Zip Code	
B-mail address: (to	on Ac. Net	ion)
For further information concerning this matter, please cal		
Ochn PHysic Name of Person	at (18) 500-957 Area Code Daytime Tel	lephone Number
Enclosed is a check for the following amount:		
·	Certified Copy	Certificate of Status &

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

ARTIC	LES OF AMEND	AND I	<b>*</b>
	TO		-877
ARTICL	ES OF ORGANI	ZATION	201 6 6
1 /	OF		COTE SEP
Salon floc (Name of the Limited Lie	CC LLC ability Company as it now a prida Limited Liability Comp	appears on our records.)	2016 SEP 26 PM 3:54
(A Fl	orida Limited Liability Comp	oany)	1. FLORIZ
The Articles of Organization for this Limited Liability Florida document number <u>L1600039046</u>		on February 24,	and assigned
This amendment is submitted to amend the following	<b>2</b> :		
	•		
A. If amending name, enter the new name of the	limited liability compa	ny here:	
The new name must be distinguishable and contain the words	Limited Liability Company.	" the designation "LLC" or t	the abbreviation "L.L.C."
<b>9</b>	,	<b>G</b>	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AI	DRESS)		
	<del>*************************************</del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or reregistered agent and/or the new registered office a		ss on our records, en	nter the name of the nev
Name of New Registered Agent:	John D'	Anselo	
New Registered Office Address:	1997 25 4	# St Swell	<u> </u>
	Ent	er Florida street address	
	Can Coral	Florid	a 33904

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
4msR	John D'Horalo	1222 SB 474 St. Swite 111.	
		Care Coral, FL 33904	Remove
		Company of the second s	☐ Change
Amer	Heather Scaman	1222 SE 47 th St Swite 111	
		Case Coral, FL 33904	Remove
			Change
Amer	Aerek Bishof	1822 SE. 4745 St Swik #11	DAdd
		Care Corol, FL 33904	Remove
			Change
Amer	Solon flox Holdings LLC	1222 SE 47th St. Suite 111	<b>K</b> Add
		Care Coral 1= 1 33904	Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00