## L16000047247

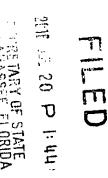
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## **COVER LETTER**

TO:	Registration of	n Section Corporations
SUBJEC		Performance Full Service Salon LLC
SOME		Name of Limited Liability Company
The encl	iosed Article	s of Amendment and fee(s) are submitted for filing.
Please re	eturn all corr	espondence concerning this matter to the following:
		Larry Serur
		Name of Person
		Larry Serur CPA PA
		Firm/Company
		7431-34 West Atlantic Ave Suite 148
		Address
		Delray Beach Fl 33446
		City/State and Zip Code
		Larry@larryserurcpa.com
		E-mail address: (to be used for future annual report notification)
For furth	ner informati	on concerning this matter, please call:
Larry So	erur	954 7 <del>54-852</del> 9 745-850 9
<u></u> .	Na	at (
Enclosed	d is a check t	or the following amount:
<b>■</b> \$25.	00 Filing Fe	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Color Performance Full Service Salon LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on March 7, 2	and assigned
Florida document number L16000047247		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	305 NE 2nd Ave	
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach Fl 33444	
Enter new mailing address, if applicable:	same as above	
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address here  Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Char	nging Registered Agent, <u>Sign</u>	nature of New Registered Agent
Page 1	1 of 3	P P I

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>	Address		Type of Action
MGR	Helene Barabagallo lemolo	662 Berkeley Street Boca Raton Fl	33487	■ Add
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				Change
				🗆 Add
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Effective	e date, if other than the date of filing:(a	optional)	  -05.0207 ()
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