

L16000047247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S Warren

JUL 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Color Performance Full Service 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:

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 further information concerning this matter, please call:

Larry Serur

954

754-8529

745-8509

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

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New Registered Agent

OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

JAN 10 1968

P 1:44

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	Helene Barabagallo Icmolo	662 Berkeley Street Boca Raton Fl 33487	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 _____, _____

Angela B. ...
Signature of a member

Signature of a member or authorized representative of a member

Angelica Iemolo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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JANICE E. BROWN
TALLAHASSEE, FLORIDA