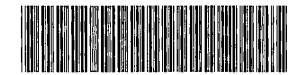
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SALON BEAUTIFIES CLC 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:
Rowell Name of Person
SALON BEAUTIQUES Firm/Company
Firm/Company
5500 Meadow Hill Loop
City/State and Zip Code Row Rowell 2 @ GMAil. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Row Rowell at (407) 3/0 0868 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ (additional copy is encl

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

17 DEC 15 PH 1: 20

The Articles of Organization for this Limited Liability Company were filed on $\frac{APRil}{5}$ 20 16 Florida document number <u>L 16 00 00</u> 67938 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: Enter Florida street address

ADV CAKIE

City

Florida

Florida

Sip Code New Registered Office Address:

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.

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>	Name	Address	Type of Action							
	JUSHUA GALDINICK	6020 TOPSAIL RD	□ Add							
		6020 TOPSAIL RD CADY CAKE FC 32159	Remove							
			□ Change							
			Remove							
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record specifies a del he 90th day after the		ate, but not a	an effective t	ime, at 12:01	a.m. on the ϵ	earlier of
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