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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Salon Defama L. 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:
Jennifer DePalma
Salon Deralma LLC Firm/Company
mallies 158 Sand Dollar Rd
Indialantic FL 32903 City/State and Zip Code
Salondenalma 2@ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denniter Deralma at 321 313-0135 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 □ \$60.00 Filing Fee, Certificate of Status □ \$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

The only thing changing is the principal address. The mailing address remains the same.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it flow appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/3/20/6 and assigned Florida document number
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: 103 N. Riverside Dr. Unit 1
(Principal office address MUST BE A STREET ADDRESS) Indiclantic, FL 32903
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:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida

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>	<u>Name</u>	Address	Type of Action
			
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an effective date is listed, the date must be specific and cannot be priof to date of filing or more than 90 day of the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	ts, this date will not be li	sted as
e record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	:01 a.m. on the ear	lier of
Pated		
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00