

LZ0000278041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

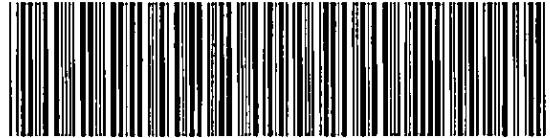
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600353398726

10/13/20--01019--002 **35.00

2020 OCT 13 PM 2:01

Handwritten signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pines Salon Investment 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

Kambiz Saberi

Name of Person

Pines Salon Investment LLC

Firm/Company

5645 Coral Ridge Drive #409

Address

Coral Springs, FL 33076

City/State and Zip Code

kam@miasalonsuite.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Kambiz Saberi

561 299-0296
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pines Salon Investment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 OCT 29 PM 2:01

The Articles of Organization for this Limited Liability Company were filed on 09/08/2020 and assigned
Florida document number L20000278041.

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:

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KR Florida Holdings LLC	5645 CORAL RIDGE DRIVE #409	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIAN ENTERPRISES	5944 CORAL RIDGE DR BOX 213	<input type="checkbox"/> Add
		Coral Springs, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 October 28th 2020

Signature of a member or authorized representative of a member

Kambiz Saberi

Typed or printed name of signee

Filing Fee: \$25.00

ACTIVITY REPORT

TIME : 04/10/2011 22:41
 NAME :
 FAX :
 TEL :
 SER.# : 000K1J531314

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
	04/10	01:51		31	00	NG	RX
	04/10	02:12		31	00	NG	RX
	04/10	02:18		27	00	NG	RX
	04/10	02:24		31	00	NG	RX
	04/10	02:30		31	00	NG	RX
	04/10	02:35		31	00	NG	RX
	04/10	02:37		31	00	NG	RX
	04/10	02:41		31	00	NG	RX
	04/10	02:42		31	00	NG	RX
	04/10	02:43		01:05	00	NG	RX
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	04/10	02:49		31	00	NG	RX
	04/10	02:55		31	00	NG	RX
	04/10	03:01		31	00	NG	RX
	04/10	03:17		31	00	NG	RX
	04/10	03:22		31	00	NG	RX
	04/10	03:23		31	00	NG	RX
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BUSY: BUSY/NO RESPONSE
 NG : POOR LINE CONDITION / OUT OF MEMORY
 CV : COVERPAGE
 POL : POLLING
 RET : RETRIEVAL
 PC : PC-FAX