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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : 120140000083

Phone

: (407)932-0040

Fax Number

: (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rctaxscrvice Q earthlink . net .

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHALLAMARS BEAUTY SALON LLC

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3/1/10

COVER LETTER

TO:	Registration Section Division of Corpo	ion '	\$.	•
	SHALLAMA	RS BEAUTY SALON LLC		
SUBJE	CT:		d Liability Company	
		mendment and fee(s) are subm		
		ADALGISA ALMONTE		
	•		Name of Person	
		SHALLAMARS BEAUTY	SALON LLC	
			Firm/Company	
		2701 PICASSO CT		
			Address	
		KISSIMMEE, FL 34743		
			City/State and Zip Code	
		E-mail address: (I	o be used for future annual report notificat	ion)
For fu	rther information c	oncerning this matter, please ca	ılı:	
	LGISA ALMONTE		718 790-9035	
		f Person	Area Code Daytime Te	lephone Number
Enclo	sed is a check for t	ne following amount:		
	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			/n	
SHALLAMARS BEAUTY SALON	LLC	av ac it now annears on our record	19. / C	
(Name of the Limite	A Florida Limited L	ny as it now appears on our record lability Company)		
The Articles of Organization for this Limited Liz Florida document number <u>L20000294888</u>	ability Company	were filed on	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company." the designation "LL	C" or the abbreviation "L.L.C."	
		8956 TURKEY LAKE RY	D	
Enter new principal offices address, if applicable:		ORLANDO, FL 32819		
(Principal office address MUST BE A STREE	1 ADDRESS			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8956 TURKEY LAKE 25 ORLANDO, FL 32819	3	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ss here:	address on our records, ente	er the name of the new registere	
Name of New Registered Agent:	ADALGISA ALMONTE			
New Registered Office Address:	8956 TURKE	Y LAKE 'RO Enter Florida street add	ress	
	ORLANDO		Florida 32819	
		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

AMBR = Au	thorized wiemper		Teme of Action
<u>Title</u>	Name	Address	Type of Action
MGR	ADALGISA ALMONTE	2701 PICASSO CT	□Add
		KISSIMMEE, FL 34743	Remove
			□ Change
			☐Add
			□Remove
	·		□ Change
			□ Add
			□Remove
			☐ Change
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			□Add
			Remove
		·	☐ Change

	other information, enter				
	<u>. </u>				
					
					
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Effective date, (If an effective date Note: If the date document's effe	if other than the date of is listed, the date must be specie inserted in this block does trive date on the Departmen	filing: fic and cannot be prior to not meet the applicab nt of State's records.	date of filing or more than the statutory filing require	(optional) 00 days after filing.) Purst ements, this date will n	iant to 605.0207 tot be listed as
he record specific ord is filed.	s a delayed effective date, b	ut not an effective tim	ie, at 12:01 a.m. on the e	arlier of: (b) The 90th	n day after the
Dated Och	Joer 5th		-·		!
Dated	1/10/20-	- Almis	rized representative of a me		

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