L 23000198626

(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Filin	g Officer:	
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COVER LETTER

TO:

Registration Section

Divi	sion of Cor	porations			
CUBICCE.	Rivera's S	Salon LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Maria Martha Rivera	1		
			Name of Person		
		Rivera's Salon LLC			
			Firm/Company		
		3254 NW 32nd Ten	r.	s60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ection orporations Tallahassee	
			Name of Person LLC Firm/Company Terr. Address FL 33309 City/State and Zip Code assalon.com ess: (to be used for future annual report notification) asc call:		
Firm/Company 3254 NW 32nd Terr. Address Oakland Park, FL 33309					
Oakland Park, FL 33309 City/State and Zip Code martha@riverassalon.com E-mail address: (to be used for future annual report notification)					
		-			
				tification)	
For further in	formation co	oncerning this matter, please c	all:		
Maria M	artha River	3			
	Name of	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	ing Addres istration S			ection	
_		orporations			
	Box 632			•	
Tall	ahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rivera's Salon I.	.I.C	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000198626	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nner rioriaa sireel aaaress	
	, Florid	la
	City	zip Coae

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>	Address	Type of Action
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
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Filing Fee: \$25.00