

L23 000 491 559



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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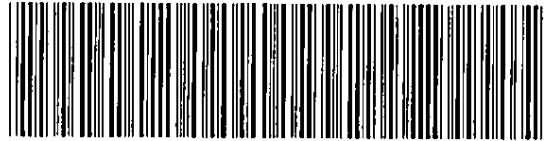
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clean Touch Salon L.L.C.  
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:

Samar Danach / Mohamad danach  
Name of Person

Clean Touch Salon L.L.C.  
Firm/Company

603 Center Ave  
Address

Brandon, FL, 33511  
City/State and Zip Code

Samardanach@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samar Danach at (813) 753-6069  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Clean Touch Salon LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/27/2023 and assigned Florida document number L23000491559

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Flawless Beauty Spa by Samar LLC

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**)

10730 N 56th St Suite 210  
2nd floor, Temple Terrace, FL  
33617

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

603 Center Ave  
Brandon, FL 33511

**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:

Samar Danach

New Registered Office Address:

603 Center Ave

Enter Florida street address

Brandon

City

Florida

Zip Code

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CLERK OF THE STATE  
OF FLORIDA  
TALLAHASSEE, FL

**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.*

Samar Danach

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>
MGR	Samar Danach	603 Center Ave	<input checked="" type="checkbox"/> Add
		Brandon, FL, 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mohamad Danach	603 Center Ave	<input checked="" type="checkbox"/> Add
		Brandon, FL, 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

(b) The 90th day after the record is filed.

Dated 19/11/2024.

Signature of a member or authorized representative of a member

Samar Danach / Mohamad Danach  
Typed or printed name of signee