

PD8000014554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

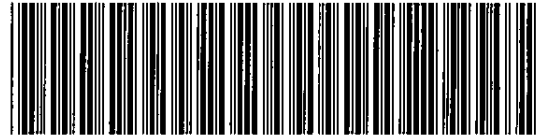
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Corrected  
corp. name  
(38)



400127231244

05/02/08--01054--001 \*\*25.00

06/13/08--01037--003 \*\*10.00

FILED  
08 JUN 11 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

6/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2008

SHANNA FRANKOWSI  
CLOE ELLE HAIR AND SPA, INC  
2598 WOOD STREET  
SARASOTA, FL 34237

SUBJECT: CLOE ELLE HAIR AND SPA, INC  
Ref. Number: P08000014554

We have received your document for CLOE ELLE HAIR AND SPA, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 408A00029866

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Cloe elle hair & spa.

**DOCUMENT NUMBER:** P080000014554

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shana Frankowski  
(Name of Contact Person)

Cloe elle Hair & SPA.  
(Firm/ Company)

2598 wood st.  
(Address)

Sarasota FL 34237  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Shana Frankowski at (941) 321-8355  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
JUN 11 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

08 JUN 11 PM 1:33

Cloe Elle Hair and Spa, Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

P080000014554

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Lauren K Brune is no longer Vice president  
and ~~own~~ Does not own any share in  
Cloe Elle hair and spa.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

Name of New Registered Agent:

SHANA FRANKOWSKI

New Registered Office Address:

2598 WOOD STREET

(Enter Florida street address)

SARASOTA

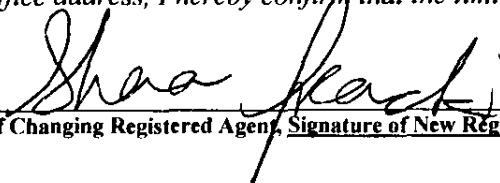
(City)

Florida 34237

(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 607, 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)

The date of each amendment(s) adoption: 2/28/08

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Frankanki M Shana  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Shana M Frankanski  
(Typed or printed name of person signing)

President  
(Title of person signing)

FILING FEE: \$35