

L12000073955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

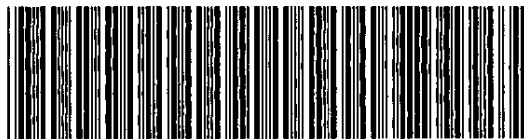
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APR 19 2017

S. YOUNG

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TALLAHASSEE, FLORIDA
17 MAR 20 PM 2:43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

HILDA MARTINEZ
4836 BONITA BEACH RD #6
BONITA SPRINGS, FL 34135

SUBJECT: SPORTS SPA USA LLC
Ref. Number: L12000073955

We have received your document for SPORTS SPA USA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00005436

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RECEIVED
2017 APR 17 PM 3:00
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sports Spa USA 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:

Hilda Martinez
Name of Person

Sports Spa
Firm/Company

4836 Bonita Beach Rd #6
Address

Bonita Springs, Fl. 34134
City/State and Zip Code

BayStudios239@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilda Martinez at 239 674-5728
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAR 20 PM 2:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sports Spa usa 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 June 1, 2012 and assigned
Florida document number L12000073955

This amendment is submitted to amend the following:

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

Bay Studios 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)

11051 Wagon Trail
Bonita Springs, FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11051 Wagon Trail
Bonita Springs, FL 34135

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:

11051 Wagon Trail
Enter Florida street address
Bonita Springs, Florida 34135
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated March 20, 2017

Hilda Nunez
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Hilda Matinez

Typed or printed name of signee