

L1700032295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

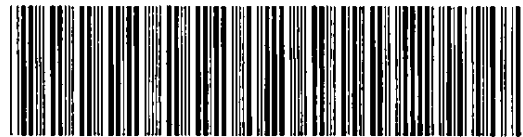
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLYT 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:

John Cunill

Name of Person

Law Offices of Adorno-Cunill; Damas P. L.
Firm/Company

1000 Brickell Ave Ste 1005
Address

Miami FL 33131
City/State and Zip Code

info@acdfirm.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cunill esq.

Name of Person

at 305 381-9999

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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/COURTIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32301

SECONDARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 19 P 1:27

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SLYT LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 19 P 1:27

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The Articles of Organization for this Limited Liability Company were filed on 02/10/2017 and assigned
Florida document number L17000032295

This amendment is submitted to amend the following.

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

Y Med Spa LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1000 Charles Road Ste 304
Poca, Kalon FL
33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5846 S Flamingo Rd
#1142
Fort Lauderdale FL 33330

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:

The Law Offices of Adorno-Cunill &

New Registered Office Address:

1000 Brickell Ave Suite 1605 Damas P

Enter Florida street address

Miami

Florida

33131

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.

(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

Title	Name	Address	Type of Action
AMBR	Librali Simon	5415 Pine Tree	☐ Add
		Miami Beach, FL 33136	☒ Remove
			☐ Change
AMBR	SLLS Medical LLC	5546 S Flamingo Rd	☒ Add
		#1142	☐ Remove
		Fort Lauderdale, FL 33338	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 CLERK OF COURT
 TALAHASSEE, FLORIDA

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