L19000267111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

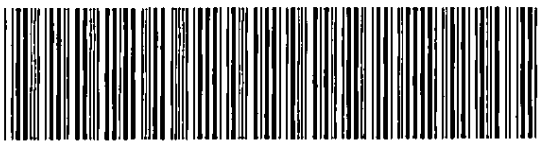
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700337848477

12/10/19--01012--006 **25.00

2019 DEC 10 PM 1:15

Amend/Name
Ch 8

DEC 10 2019

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE SOFT TOUCH SPA 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:

DORIS MARIBEL MEDINA
Name of Person

THE SOFT TOUCH SPA LLC
Firm/Company

10611 PINES BLVD SUITE 103
Address

PEMBROKE PINES FL 33024
City/State and Zip Code

PROFESSIONALS.CONTACT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDA MC COY at (754) 244-0141
Name of Person — 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 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

THE SOFT TOUCH SPA 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 11/07/2019 and assigned Florida document number L19000267111.

This amendment is submitted to amend the following:

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

LORD AND LEO 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)

10061 W HIBISCUS ST
MIAMI FL 33157

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10061 W HIBISCUS ST
MIAMI FL 33157

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: LEONARDA MCCOY

New Registered Office Address: 10061 W HIBISCUS ST
Enter Florida street address

MIAMI, Florida 33157
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

Title	Name	Address	Type of Action
MGR	LEONARDA MCCOY	10061 W HIBISCUS ST	☒ Add
		MIAMI FL 33157	☐ Remove
			☐ Change
MGR	DORIS MARIBEL MEDINA	4103 SW 159TH AVE	☐ Add
		MIRAMAR FL 33027	☒ Remove
			☐ Change
MGR	LUZMILA CORREA	151 SW 135TH TER APR 201	☐ Add
		PEMBROKE PINES FL 33024	☒ Remove
			☐ Change
MGR	JOCELYN ALMONTE	16742 SW 12 ST	☐ Add
		PEMBROKE PINES FL 33027	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 9, 2019.

L M C Coy

Signature of a member or authorized representative of a member

LEONARDA MCCOY

Typed or printed name of signee

Filing Fee: $25.00