

L12000084958

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T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 180 DAY 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:

Douglas Scott Shackelford  
Name of Person

180 DAY SPA  
Firm/Company

131 E. Palmetto Park Rd. Suite C  
Address

Boca Raton, FL 33432  
City/State and Zip Code

scottshack22@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Scott Shackelford at ( 561 ) 271-8580  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 OCT 17 AM 10:22

180 Day 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 06/28/12 and assigned Florida document number L12000084958.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Douglas Scott Shackelford  
New Registered Office Address: 131 EAST PALMETTO PARK Rd. Suite C  
*Enter Florida street address*  
Boca Raton, Florida 33432  
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 608, 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.

Douglas Scott Shackelford

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

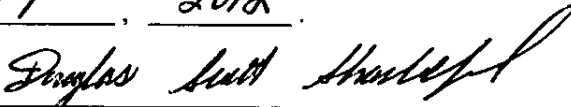
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Zachary Shackelford	131 East Palmetto Park Rd. Suite G Boca Raton, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Douglas Scott Shackelford	131 East Palmetto Park Rd. Suite G Boca Raton, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joshua Shackelford	131 East Palmetto Park Rd. Suite G Boca Raton, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 14, 2012

  
Signature of a member or authorized representative of a member

Douglas Scott Shackelford  
Typed or printed name of signer

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