

L000000012725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

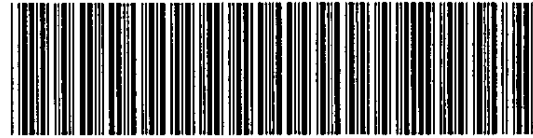
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291156891

10/17/16--01017--011 **25.00

OCT 17 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 17 PM 4:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALON D' SARA & 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:

IUVONNE OCASIO
Name of Person

SALON D' SARA & DAY SPA, LLC
Firm/Company

26455 OLD US 41 RD SUITE 13-2
Address

BONITA SPRINGS, FL 34135
City/State and Zip Code

IUVONNE MENDOZA16 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IUVONNE OCASIO at (407) 928-1939
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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 OCT 17 PM 4:47

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

SALON D' SARA & 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 10/10/2000 and assigned Florida document number L00000012725

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 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)

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:

IVONNE OCASIO

New Registered Office Address:

26455 OLD US 41 RD SUITE 13-2

Enter Florida street address

BONITA SPRINGS

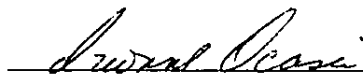
City

Florida 34135

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>
MGRM	SARA I FALCONE	26455 OLD US 41 RD	<input type="checkbox"/> Add
		SUITE 13-2	<input checked="" type="checkbox"/> Remove
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change
MGR	IVONNE OLASEO	26455 OLD US 41 RD	<input checked="" type="checkbox"/> Add
		SUITE 13-2	<input type="checkbox"/> Remove
		BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT 7 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 OCT 17 PM 4:41

16 OCT 17 PM 4:47

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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 OCTOBER 13 ~~2016~~

Signature of a member or authorized representative of a member

SARA I. FALCONE

Typed or printed name of signee