

L03000056039

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(Address)

(City/State/Zip/Phone #)

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2011 APR -4 AM 09:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hot Spot Tanning 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:

alisa Hostettler

Name of Person

The Hot Spot Tanning LLC

Firm/Company

861 Harbor Hill Dr

Address

safety Harbor FL 34695

City/State and Zip Code

HotSpotTanning@Tampabay.FL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

alisa Hostettler

Name of Person

at (727) 403-5180

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

2007 APR -4 AM 10:09

The Hot Spot Tanning LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Dec 26 2003 and assigned
Florida document number L03000056039

This amendment is submitted to amend the following:

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

The Hot Spot Tanning Salon LLC.

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same

(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:

Same (Alisa Hostettler)

New Registered Office Address:

861 Harbor Hill Dr.

Enter Florida street address

Safety Harbor

City

Florida

34695

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.

Alisa Hostettler

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

All Are The Same

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mGR	alisa Hostettler		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
mGRM	Bradley Parsons		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
mGRM	marcelia Parsons		<input 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 _____

Alisa Hostettler

Signature of a member or authorized representative of a member

alisa Hostettler

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR -4 AM 10:09

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