## 4.04000093895

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104-93895

## TRANSMITTAL LETTER

18				
TO: Registration Se Division of Co				
SUBJECT:	At The Spa (Name of Limi	ted Liability Company)		×.
The enclosed Articles o	f Amendment and fee(s) are subm	itted for filing.		
Please return all corresp	ondence concerning this matter to	the following:		
-	Talia Kn	Jaman-Kadi ne of Person)		
	(Fir	m/Company)		•-
	824 E. Uni	Versity Ave		
	Gainesville,	FL 3260 ate and Zip Code)	1	 · • •
For further information	concerning this matter, please call	Ŀ		
Talia	Kruaman-Kac (Name of Person)	at (352) 246 (Area Code & Daytime	Telephone Numbers	7
Enclosed is a check for the	following amount:		<u> </u>	<u>u</u>
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is diclosed)	2

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	At The Spa, LLC	•
	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 13/39/04 and assigned document number <u>L0400093895</u> .	.*
SECOND:	: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:	
ı	Name = ProDerm, LLC	
Í	Principal Place of Business:	. <u>-</u>
	720 S.W. 2nd Ave, Ste. 452	
	Gainesuille, FL. 32601	
	MGR - Talia Krugman-Kadi	
	824 E. University Avenue Gamesville, FL. 32601	
	Gamesville, FL. 32601	
Dated	1/20 , 2005.  TALLAHASSI TALLAHASSI	77
	TARY TARY	晋四
	Signature of a member or authorized representative of a member	O
	Signature of a member or authorized representative of a member	· F
	Tara Kryaman - Kadi Typed or printed name of signee	<u> </u>
	->	-

Filing Fee: \$25.00