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EXAMINER



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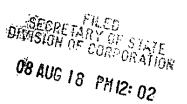
COVER LETTER

TO: Registration Se Division of Cor	ction porations					
SUBJECT: ABSOLUTE TAN AND SALON (Name of Limited Liability Company)						
	Amendment and fee(s) are sub					
	WANDA BEAUDRY		,			
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)				
	ABSOLUTE TAN AND S	ALON				
		(Firm/Company)				
	6220 BERRYHILL ROAD)				
		(Address)				
	MILTON, FLORIDA 3257	o				
		(City/State and Zip Code)				
For further information c	oncerning this matter, please ca	all:				
WANDA BEAUDRY		at (850) 516-2306				
(Name o	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for the	ne following amount:					
□ \$25.00 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)			
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:			

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



ABSOLUTE TAN AND SALON, LLC

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

	v. a	8/2005	
The Articles of Organization for this Limited Liabi	iity Company were filed on our	8/2005 and assigned	
Florida document number L05000081514	 '		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	ny," the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on o address here:	ur records, <u>enter the name of the ne</u> y	
New Registered Office Address:	(F	71 -1	
	(Enter Florida street address)		
_	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regi	stered 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.

(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>	Address	Type of Action
MGRM	JOE M BEAUDRY	6880 BEAUDRY LANE MILTON, FLORIDA 32570	Add Remove
MGRM	MARTIN L KING, JR	6166 JAYS WAY MILTON, FLORIDA 32570	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			
 Dated	8/11 August 11, 0	2008	
,	Signature of a me	ember or authorized representative of a member	
	Wanda	yped or printed name of signee	····

Page 2 of 2

Filing Fee: \$25.00