

LD5000103714

(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



600076627236

07/03/06--01062--006 \*\*30.00

FILED

06 JUL -3 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL - 6 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Derma Bella Med 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:

Steve Nichols  
(Name of Person)

NICHOLS MEDIA GROUP  
(Firm/Company)

7680 Universal Blvd # 424  
(Address)

Orlando, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Nichols at ( 407 ) 352-0113  
(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

DERMA BELLA MED SPA, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/26/05 and assigned  
document number 405000103714.

SECOND: This amendment is submitted to amend the following:

Change Present Name to:

Derma Bella Anti Aging Center, LLC

FILED  
06 JUL -3 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

June 21, 2006



Signature of a member or authorized representative of a member

STEVEN R. NICHOLS

Typed or printed name of signee

Filing Fee: \$25.00