

LD6000102847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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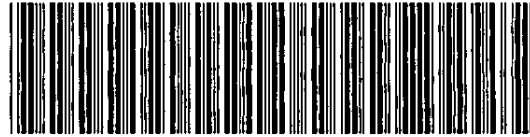
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Leary NOV 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urban Sage Fusion Spa Salon

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:

Corinne Hartley

Name of Person

Urban Sage Fusion Spa Salon

Firm/Company

1490 W State Road 434 Suite C

Address

Longwood, FL 32750

City/State and Zip Code

khonsu2002@yahoo.com

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

For further information concerning this matter, please call:

Corinne Hartley

Name of Person

at (407) 416 0731

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
2013 NOV 22 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Urban Sage Fusion Spa Salon 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 10/23/2006 and assigned
Florida document number L06000102897

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 end with 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: Corinne Hartley

New Registered Office Address: 454 Devon Place

Enter Florida street address

Heathrow, Florida 32746

City

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.

Corinne Hartley

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Russell Hartley	1490 W State Road 434	<input type="checkbox"/> Add
		Suite C	<input checked="" type="checkbox"/> Remove
		Longwood, FL 32750	
mgrm	Corinne Hartley	1490 W State Road 434	<input checked="" type="checkbox"/> Add
		Suite C	<input type="checkbox"/> Remove
		Longwood, FL 32750	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Nov 20, 2013, _____

Robin Sage Brown

Signature of a member or authorized representative of a member

Robin Sage Brown

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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