

LOT000092699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

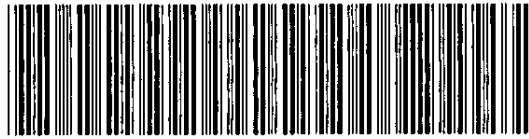
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JUL 20 2010

EXAMINER



300183100833

07/21/10--01001--019 **25.00

RECEIVED
10 JUL 20 PM 4: 09
U.S. DEPARTMENT OF JUSTICE
SECURITY AND INVESTIGATION
WASHINGTON, DC 20535

FILED
10 JUL 20 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7 dayspa 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:

Kiet Thai
Name of Person

7 dayspa LLC
Firm/Company

2819 mahan Dr
Address

Tallahassee FL 32308
City/State and Zip Code

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

For further information concerning this matter, please call:

Kiet Thai at (717) 319-1292
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**

7 days, Da 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 9.10.07 and assigned Florida document number L07000092699

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)

2819 Mahan Dr
Tallahassee FL 32308

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2819 Mahan Dr
Tallahassee FL 32308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 20 08 PM 14:28
FILED

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: Kiet Thai

New Registered Office Address: 2819 Mahan Dr #116
Enter Florida street address
Tallahassee, Florida 32308
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.

If Changing Registered Agent, Signature of New Registered Agent

Kiet Thai

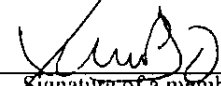
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR MGRM	Vuan DO MC	2819 mahan Dr Tallahassee FL 32309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR MGRM	Kiet Thai		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Baker Thi		<input type="checkbox"/> Add <input checked="" 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 7-20-10 . 2010 .


Signature of a member or authorized representative of a member

Xuan Do
Typed or printed name of signee