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(Requestor's Name)							
· (requesions name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Business Entity Name)							
(Document Number)							
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2008 NOV -6 AM IO: 42
SECRETARY OF STATE
AND AHASSEE FLORIDA

T. CLINE

NOV - 7 2008

EXAMINER

COVER LETTER

Division of Corp	orations				
CURIECT: CCC T-	nning, LLC				
SUBJECT: GSG Ta					
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Peggy A. McGovern				
		(Name of Person)			
	505 S. Flagler Dr	cive, Suite 600 (Address)			
		(, radiess)			
		and Fair			
				2000 NOV -6 SECRETAR TALLAHASS	alane (4)
For further information co	ncerning this matter, please c	all:		至	against a
Peggy A. McGove	rn,	at (561) 655-2250		-6 ASS	4
(Name of Person) (Area Code & Daytime Telephone Number					T
				FLO	Š.
Enclosed is a check for the	e following amount:			AM 10: 42 OF STATE EF. FLORIDA	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☑\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	g Fee, of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

GSG Tanning, LLC						
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appea Liability Company)	ers on our records.)	2008 N	prostation in	
The Articles of Organization for this Limited L	2/12/08	AFR TO Sand assigned	d manage			
Florida document numberL08000015693		-6 SSEE				
This amendment is submitted to amend the foll A. If amending name, enter the new name o	AM IO: 42 OF STATE E. FLORIDA					
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Com	pany," the designation	"LLC" or the abbre	viation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			Mrachek, Fitz gler Drive, S	gerald & Rose uite6600	<u>, P</u> .A	
	West Palm	West Palm Beach's FL 33401				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Page, Mrachek, Fitzgerald & Rose, P.A 505 ScuFlagler Drive, Suite 600				
West Palm Beach, I				01		
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of	ffice address on e:	our records, ente	er the name of th	<u>e new</u>	
Name of New Registered Agent:	nt: Robert Goldwasser					
New Registered Office Address:	c/o Page, Mrachek, Fitzgerald & Rose, P.A. 505 S. Flagler Drive, Suite 600					
	(Enter Florida street address)					
	West Palm	Beach	, Florida	33401		
		(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)

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>Address</u> Type of Action <u>Title</u> <u>Name</u> ☐ Add Remove Adia Ba Remove ___ Add Remove ☐ Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change of address for MGRM Robert Goldwasser c/o Page, Mrachek, Fitzgerald & Rose, P.A. 505 S. Flagler Drive, Suite 600 West Palm Beach, FL 33401 2008 Dated November 3 Signature of a member or authorized representative of a member Robert Goldwasser Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00