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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

APR 2 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vicki Frager LLC
Name of Limited Liability Company
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. Ilease return all correspondence concerning this matter to the following: Vicki Fraser Name of Person
Please return all correspondence concerning this matter to the following:
Vicki Fraser Name of Person
Healthy Glow Skin Spa Firm/Company
10 112 100 00 110
Gainesville F1 32606 City/State and Zip Code
VICKIOHGSKINSPQ. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vicki Fraser at 352, 317-0901 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Securificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Securificate 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

Vicki Frase	2 - 1 1 0	2010 APR 27 PM 3
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	SECRETARY OF STA
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOO 2658</u> .	were filed on March 13, 20	∞8 and assigned
Florida document number <u>20 7000 X80 6</u> .1		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab - ealthy Glow Skir The new name must be distinguishable and end with the words "Limi		LLC" or the abbreviation
"L.L.C."	1212 801 640	St 1
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Gainesville, FI	32601
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10912 NW 33, Gainesville FI	d Place 32606
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	*	ыр соис
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp		

If Changing Registered Agent, Signature of New Registered Agent

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 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

	<u>Name</u>	Address	Type of Act
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nenc	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if ne	cessary.)
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			ARE TO
	April 22 , 2	.OIO .	SECRETARY C
	April 22 , 2	. <u>010</u> .	IN APR 27 PM 8: 48

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Filing Fee: \$25.00