

L09000007391

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN -4 PM 2:18

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C. LEWIS

JAN 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Estheticians Garden, 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:

Alison Cripps

Name of Person

Estheticians Garden, LLC

Firm/Company

1568 SW 154th Street

Address

Newberry, FL 32669

City/State and Zip Code

contact @ terra-dolce-soap.com

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

For further information concerning this matter, please call:

Alison Cripps

Name of Person

at (352) 472-1951 or 888-693-6523

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

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The Estheticians Garden, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/23/09 and assigned
Florida document number L09000007391.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Estheticians Garden, LLC

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)

1568 SW 154th Street

Newberry, FL 32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1568 SW 154th Street

Newberry, FL 32669

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:

Alison Cripps

New Registered Office Address:

1568 SW 154th Street

Enter Florida street address

Newberry
City

Florida

32669

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.

Alison Cripps
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	Alison Cripps	1568 SW 154 th Street Newberry, FL 32669	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Andrew Cripps	1568 SW 154 th St. Newberry, FL 32669	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 30, 2010.

Signature of a member or authorized representative of a member

Andrew Cripps
Typed or printed name of signee

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 TALLAHASSEE, FLORIDA