

LD9000081942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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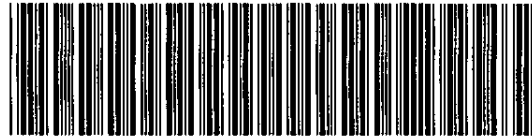
(Business Entity Name)

(Document Number)

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D. BRUCE
JAN 03
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

NIKE BRYAN SPAS, 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:

TED WETTSTEIN
Name of Person

MARILYN MONROE SPAS
Firm/Company

7400 MUNICIPAL DR.
Address

ORLANDO, FL 32819
City/State and Zip Code

ted@marilynmonroespas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENE BUTCH III
Name of Person

at (407) 340 9343
Area Code & Daytime Telephone Number

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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**

Nike Bryan Spas, 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 8/25/2009 and assigned Florida document number L09000081942

This amendment is submitted to amend the following:

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

Nike Bryan Technologies, 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)

17700 MUNICIPAL DR.

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17700 MUNICIPAL DR.

ORLANDO, FL 32819

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:

DAN SHACKLETON - JONES

New Registered Office Address:

17700 MUNICIPAL DR.

Enter Florida street address

ORLANDO

City

, Florida

32819

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

Title	Name	Address	Type of Action
MGRM	DAN SHACKLETON-JONES	7700 MUNICIPAL DR	<input type="checkbox"/> Add
		ORLANDO, FL. 32819	<input type="checkbox"/> Remove
		(UPDATE ADDRESS)	
MGRM	TED WETTSTEIN	7700 MUNICIPAL DR.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32819	<input type="checkbox"/> Remove
MGRM	NIKE T. BRYAN	7700 MUNICIPAL DR.	<input type="checkbox"/> Add
		ORLANDO, FL. 32819	<input type="checkbox"/> Remove
		(UPDATE ADDRESS)	
MGR	PATRICK McDIEMET	7700 MUNICIPAL DR	<input type="checkbox"/> Add
		ORLANDO, FL. 32819	<input type="checkbox"/> Remove
		(UPDATE ADDRESS)	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Add
Remove

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

Dated JAN 1ST, 2013.


DAN SHACKLETON-JONES.

Signature of a member or authorized representative of a member

DAN SHACKLETON-JONES.
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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