

L09000096714 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000214888530

12/07/11--01011--012 **30.00

RECEIVED
TALLAHASSEE, FLORIDA

11 DEC -7 PM 1:09

2011 12 07

B. BOSTICK

DEC - 8 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Soleil Spa at Palm Aire 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:

Juan Carlos Acosta

Name of Person

Soleil Spa at Palm Aire LLC

Firm/Company

5701 Collins Ave Apt#1405

Address

Miami Beach, FL. 33140

City/State and Zip Code

jca.soleil@gmail.com

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

For further information concerning this matter, please call:

Juan Carlos Acosta

Name of Person

at (305)

333-6108

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

11 DEC -7 5:11:09
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Soleil Spa at Palm Aire 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 October 7, 2009 and assigned
Florida document number L09000096714.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5701 Collins Ave Apt#1405

Miami Beach, FL. 33140

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: Juan Carlos Acosta

New Registered Office Address: 5701 Collins Ave Apt#1405

Enter Florida street address

Miami Beach, Florida 33140

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan C Acosta Jr.	343 Aragon Ave. Coral Gables, FL 33134 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Juan C Acosta	343 Aragon Ave. Coral Gables, FL 33134 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Juan Carlos Acosta	5701 Collins Ave. #1405 Miami Beach, FL 33140 USA	<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

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

Dated _____, _____.

Signature of a member or authorized representative of a member

Juan C Acosta
Typed or printed name of signee

11020-7 111105
STATE OF FLORIDA
JAN 11 2006