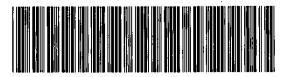
L10000027552

(Re	questor's Name)			
(Ad	dress)	*.		
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
7.				
20				

Office Use Only



000172378430

BIVE LANGE FLORIDA

RECEIVED

10 MAR 22 AH 8: 46

B. KOHR
MAR 23 2010

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE :

312718

7764996

AUTHORIZATION

ORDER DATE: March 11, 2010

ORDER TIME: 4:26 PM

ORDER NO. : 312718-006

CUSTOMER NO: 7764996

DOMESTIC AMENDMENT FILING

NAME: GROOMED SPA, LLC

XX___ ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

ed Liability Company as it now appears on our records.)
(A Flonda Limited Liability Company)

GROOMED SPA, LLC

Name of the Limited

The Articles of Organization for this Limited Liability Company	y were filed on _	03/11/2010	and assigned
Florida document number <u>L10000027552</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	<u>here</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Con	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	4601 34T	H STREET SOU	TH
(Principal office address MUST BE A STREET ADDRESS)	ST PETE	RSBURG, FL 33	711
Enter new mailing address, if applicable:	4219 70T	H STREET CIRC	LEEAST
(Mailing address MAY BE A POST OFFICE BOX)	PALMET	TO, FL 34221	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
		(Enter Florida street a	adress)
	(City)	, Florida _	(Zip Code)

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

400.9 JATOT

MGR = Manager

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:

MCRM = 1	Wanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
pro-sport substitute (V to de y to			Add Remove
			Add
			Remove
D. If amen	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	
			
			-
Dated <u>Ma</u>	rch 19 , 20	10	
	Signature of a member	er or surgorized representative of a member	
	RICHARD A. RU		
	Tyne	d or printed name of signee	

Page 2 of 2
Filing Fee: \$25.00