

L100000 34144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

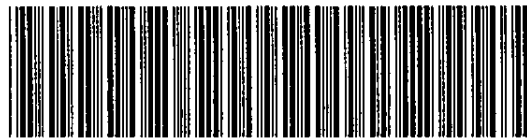
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400237820694

07/31/12--01011--014 **25.00

12 AUG 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
AUG 28 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2012

ALFRED REISMAN
A PERFECT TAN BIKINI, LLC
4340 S. VALLEY VIEW BLVD., SUITE 212
LAS VEGAS, NV 89103

SUBJECT: A PERFECT TAN BIKINI, LLC
Ref. Number: L10000034144

We have received your document for A PERFECT TAN BIKINI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00020121

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 27 PM 12:17

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A PERFECT TAN BIKINI, 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:

ALFRED REISMAN

Name of Person

A PERFECT TAN BIKINI, LLC

Firm/Company

4340 S. VALLEY VIEW BLVD. SUITE 212

Address

LAS VEGAS NV 89103

City/State and Zip Code

ALLEY4242@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD REISMAN

Name of Person

at (561)

287-2566

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

12 AUG 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

A PERFECT TAN BIKINI, 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 03/29/2010 and assigned
Florida document number L10000034144.

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)

12 AUG 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**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: ROBERT OSTROV

New Registered Office Address: 777 S. FLAGLER DR. SUITE 800, WEST TOWER

Enter Florida street address

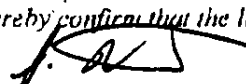
WEST PALM BEACH, Florida 33401

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	REISMAN, ALFRED M	4340 S. VALLEY VIEW BLVD. SUITE 212 LAS VEGAS, NV 89103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MINT REJUVENATION, LLC	3350 NW 53RD ST. SUITE 101 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	REISMAN, ALFRED M	4340 S. VALLEY VIEW BLVD. LAS VEGAS, FL 89103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	REISMAN, ALFRED	4340 S. VALLEY VIEW BLVD. LAS VEGAS, FL 89103	<input type="checkbox"/> Add <input checked="" 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 JULY 27TH 2012

Alfred M. Reisman
Signature of a member or authorized representative of a member

ALFRED M. REISMAN
Typed or printed name of signer

APPROVED
AND
FILED
12 AUG 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA