

L10 000 036164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

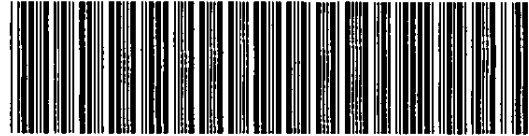
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 22 AM 10:43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 360 SPA, 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:

Christopher A. DiSchino

Name of Person

360 SPA, LLC

Firm/Company

14 HARBOR DRIVE

Address

LAKE WORTH, FLORIDA 33460

City/State and Zip Code

christopher.dischino@gmail.com

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

For further information concerning this matter, please call:

Christopher A. DiSchino, Esq.

Name of Person

at (561)

248-9478

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 JUN 22 AM 10:43
SECRET
DIVISION OF STATE
CORPORATIONS

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

360 SPA, 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 04/02/2010 and assigned
Florida document number L10000036164.

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)

2511 S. DIXIE HIGHWAY

SUITE C

WEST PALM BEACH, FLORIDA 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14 HARBOR DRIVE

LAKE WORTH, FLORIDA 33460

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:

CHRISTOPHER A. DISCHINO

New Registered Office Address:

14 HARBOR DRIVE

Enter Florida street address

LAKE WORTH

City

, Florida

33460

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.

(Signature)
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

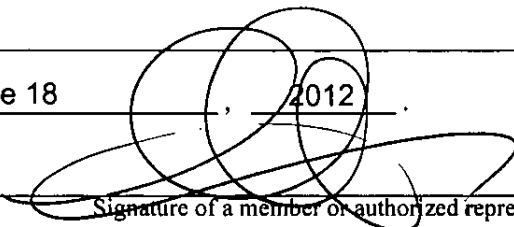
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated June 18, 2012



Signature of a member or authorized representative of a member

Christopher A. DiSchino, Manager

Typed or printed name of signee

FILED
DIVISION OF STATE
CORPORATIONS
JUN 18 2012
AM 10:43