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T. CLINE
JUL 20 2010
EXAMINER

COVER LETTER

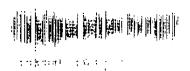
Division of	f Corporations	
SUBJECT:	KINGS SPA LLC	
	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fec(s) are submitted for filing.	
Please return all co	rrespondence conderning this matter to the following:	
	Richard From Name of Person	
1.**	Hings. Spa Firm/Company	
	13 14 US Huy I S. Saint Augusting Fl 32084	• †
•	Address Seint Acqueting FC. 32084 Seint Acqueting FC. 32084	6
. •	1574 US Huy 15. Saint Augustin y Fl 32084 Address Saint Augustin Fl. 32084 City/State and Zip Code	-
	City/State and Zip Code E-mail address: (to be used for future annual report notification)	,
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Richard	From at (732) 233-2325 Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:	
\$25,00 Filing F	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status 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

King Spa	LLC
(Name of the Limited Limited Limited I	ny as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $4-28-2010$ and assigned
Florida document number <u>L100000 45517</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	20 B
(Principal office address MUST BE A STREET ADDRESS)	
	- S. J J
: : :	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Saint Augustine FL 32084
10/2011/10/2 WHIN ESS 1/2/22 22/22 20/2 20/2/2	Jana Hegolitan I Sin to
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
· · · - · · · · · · · · · · · · · ·	
Name of New Registered Agent: Richard	of Froumy
New Registered Office Address: 1574 C	-5 4-y 1 Enter Florida street address
St. Aug	Enter Florida street address City The Street address Street address 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>	Name	Address	Type of Action
Mr	Thomas Bonamgo	709 Holly St Doytone Beach, R	Add Add
May.	Richard Froumy	1574 US Huy 15. Saint Augusting EL 32084	Add Remove
· · ·		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add P Remove
			Addi Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary	
	· · · · · · · · · · · · · · · · · · ·		 .
Dated	- Janh	to the second	
	Type	d or printed name of signes	

Page 2 of 2

Filing Fee: \$25.00