

40000119585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

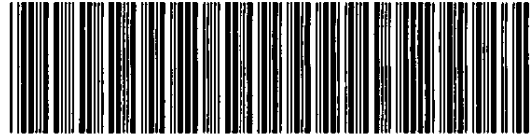
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/12--01039--014 **50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR - 6 AM 11:01

MAR - 7 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Di'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:

Diane Burns
Name of Person

Firm/Company

297 Duval CT.
Address

Weston, FL 33326
City/State and Zip Code

robdish@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Burns at (904) 385-6345
Name of Person 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)

previously paid \$50

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2012

~~REDACTED~~
AMERICAN ESTHETICS *Aesthetics*
297 DUVAL CT
WESTON, FL 33326

02101201039014

Subject:
RE: 712A00006440

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

LLC can not be cancel in section 4.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Tyrone Scott
Reinstatement Section
Division of Corporations

Letter No. 712A00006440

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

Di'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 11/17/10 and assigned
Florida document number L10000119585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

American Aesthetics LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

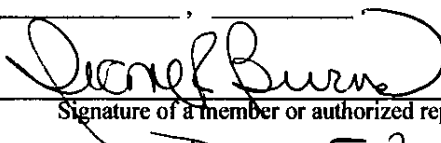
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<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

Diane F. Burns

Typed or printed name of signee

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 12 MAR - 6 AM 11:01