# L10000 123868

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T. HAMPTON APR 14 2011 EXAMINED

### **COVER LETTER**

TO: Registrațion Section Division of Corporations
SUBJECT: SAND BODY Wrop Services LLC  Name of Districted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharlene Davids cm
Firm/Company
1835 N.E Miomi Gardens drive, unit357
North Miami Beach Florida 33179 City/State and Zip Colle
Sharlenedavidson @ Not may com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharlere Davidson at (786) 537-4996  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status S4 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



#### RECEIVED

11 APR 13 PM 4:00

#### SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2011

SHARLENE DAVIDSON 1835 NE MIAMI GARDENS DR UNIT 357 N MIAMI BEACH, FL 33179

SUBJECT: S & D BODY WRAP SERVICES, LLC

Ref. Number: L10000123868

We have received your document for S & D BODY WRAP SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00007320

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

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S and $D$	Body W	Prap Services		APR 18 PM 1:57	
( <u>Name of the Limited Li</u> (A Fl	orida Limited Li	ability Company)	ur recorus.)		
The Articles of Organization for this Limited Liabi	lity Company $868$ .	were filed on	102/201	and assigned	
This amendment is submitted to amend the follows	_	,	- M N C	Independ on	~//ſ
A. If amending name, enter the new name of the	terprize	es, LLC		<b>,</b>	
The new name must be distinguishable and end with the 'L.L.C."	ie words "Limite	ed Liability Company," th	e designation "	LLC" or the abbreviation	on
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		1835 NE Drive, uni Miami Bed	1357 1	Gardens North 'da 33179	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	_		cords, <u>enter</u>	the name of the ne	<u>w</u>
Name of New Registered Agent:	1 <b>Q</b> 25 1	7 E Minni 1	<del>2</del>	A 1/2"	
New Registered Office Address:	100 1	TE MICMI ( Enter Flo	rida street ada	S CNIVE, UNI	4357
	north	Micmi Beach	, Florida	# 33179 Zip Code	
		Cuy		гір Сойе	

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 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

	<u>Name</u>	<u>Address</u>	Type of Acti
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Filing Fee: \$25.00