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(Address)

(Address)

(City/State/Zip/Phone #)

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MAY 31 2019

The UPS Store #3691

235 W Brandon Blvd
Brandon, FL 33511

Hours:
Mon - Fri 8:00a.m. - 6:30p.m.
Sat: 9:30a.m. - 3:00p.m.

Our PHONE: (813) 681-3136
Our FAX: (813) 684-0077
Our E-MAIL: store3691@theupsstore.com

FAX

Attention To
Company
Fax Number
Telephone Number

Ms. TACARRI
FLORIDA DEP. OF STATE - DIVISION OF CORPORATIONS
850-245-6030
850-245-6051

From
Company
Fax Number
Telephone Number

CLAUDIA G. MURRAY
MEDITERRANEE SP, LLC
N/A
813-299-2601

Date
Total Pages

5/30/19
6

If there is any documentation needs to be
mail, please send it to:
1211 Windy Hill Dr. Brandon, FL 33510, due
that the company address is still under construction
THIS IS URGENT. Please contact me if
need at 813.299.2601 or MEDITSKINCARE@hotmail.com

Packing . Shipping . Freight . Mailbox . Notary . Color Printing . Laminating . Binding



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2019 MAY 30 PM 1:00

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: MEDITERRANEE 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:

CLAUDIA G. MURRAY
Name of Person

MEDITERRANEE SPA, LLC.
Firm/Company

207 N. DALE MARY HWY. Suite 405
Address

TAMPA - FL 33609.
City/State and Zip Code

MEDITSKINCARE@HOTMAIL.COM.
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

CLAUDIA G. MURRAY at (813) 299-2601
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MEDITERRANEE SPA, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 01/06/2011 and assigned
Florida document number L-11000002263

As amendment is submitted to amend the following:

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

FACCIA STUDIO by Claudia Murray, LLC

The new name must be distinguishable and contain 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

207 N. GALE HARRY HWY

Suite 405

TAMPA, FL 33609

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

SAME AS ABOVE

3. 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:

N/A

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized 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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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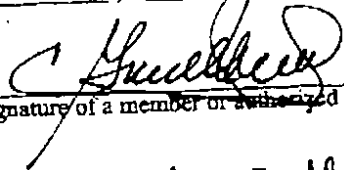
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 18, 2019


Signature of a member or authorized representative of a member

CLAUDIA G. MURRAY
Typed or printed name of signer

[illegible]