

L11000032135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

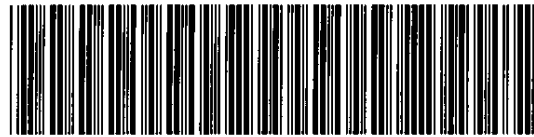
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 14 2013

T. HAMPTON

No \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Juicy Boutique 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:

Norma Ramirez

Name of Person

Mome Series

Firm/Company

6007 SOUTH Dixie Hwy

Address

West Palm beach FL 33405

City/State and Zip Code

Angelical34macca@yahoo.com

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

For further information concerning this matter, please call:

Norma Ramirez

Name of Person

at (561) 494 5218

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 NOV 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 25, 2013

NORMA RAMIREZ
6007 S DIXIE HWY
W PALM BEACH, FL 33405

SUBJECT: LUCY'S BOUTIQUE, LLC
Ref. Number: L11000032135

We have received your document for LUCY'S BOUTIQUE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 413A00024999

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

Lucys Boutique 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 06-15-2011 and assigned Florida document number L11000032135.

This amendment is submitted to amend the following:

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

Healing Touch Spa & Boutique LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

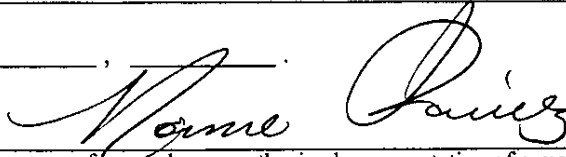
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kevin Castro	6007 South Dixie Hwy	<input type="checkbox"/> Add
		West Palm beach Fl	<input checked="" type="checkbox"/> Remove
		33405	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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

NORMA RAMIREZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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