L11000047804

(F	Requestor's Name)	s		
(4	Address)			
	Address)			
. (7	iddiess)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
· (E	Business Entity Name)			
(Document Number)				
Certified Copies	` Certificates of	Status		
Special Instructions to Filing Officer:				
	,			
		•		
		N		



200235871062

06/08/12--01005--016 **25.00



B. FROHR

JUN 1 1 2012

EXAMINER

COVER LETTER

TO:	Registration'S Division of Co			
SUBJE	CCT:	Spa	avana, LLC	
			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please	return all corresp	ondence concerning this matter	to the following:	10 JUH-8 PH 3: 43
	Pamela Lively			
			Name of Person	
			Firm/Company	
24830 S. Tamia		4830 S. Tamiami Trail		
			Address	
		Bc	onita Springs, FL 34134	
		_	City/State and Zip Code	
		E-mail address: (amlively@yahoo.com to be used for future annual report notifi	cation)
For fur	ther information	concerning this matter, please	call:	
		Pam Lively	at (682-6084
	Name	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

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

Spavar	na, LLC
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)
(A Floring Dillilled)	Endomity Company)
The Articles of Organization for this Limited Liability Company	were filed on 4/22/2011 and assigned
Florida document number L11000047809	
	ِّى ئىرى
This amendment is submitted to amend the following:	· 50
A. If amending name, enter the new name of the limited liab	pility company here:
Spavana Skin	Care, LLC
The new name must be distinguishable and end with the words "Lim	
"L.L,C."	
Enter new principal offices address, if applicable:	24830 S. Tamiami Trail
(Principal office address MUST BE A STREET ADDRESS)	Ste. 1900
	Bonita Springs, FL 34134
•	2011ta 0p111g0(1 2 0 1 10 1
Enter new mailing address, if applicable:	24830 S. Tamiami Trail
(Mailing address MAY BE A POST OFFICE BOX)	Ste. 1900
	Bonita Springs, FL 34134
B. If amending the registered agent and/or registered of	Tice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	1
	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> Fitle</u>	Name	Address	Type of Action		
 -			Add Remove		
,			Add		
			Remove		
			Add Remove 		
			Add Remove		
- -			Add Remove		
			Add ∏Remove		
). If amend	ling any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)			
					
			····		
Dated <u>6/s</u>	5/12				
nated <u>67/ s</u>	Pamela	4			
	PAMe	ember or authorized representative of a member A Lively Typed or printed name of signee	 -		

Page 2 of 2

Filing Fee: \$25.00