

L110000049135

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(Address)

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ALLAHSEE, FLORIDA

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01/28/13--01048--001 **55.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spafreshing 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:

Michael C. Hawley
Name of Person
Spafreshing LLC
Firm/Company
4630 S Kirkman Rd. Ste. 666
Address
Orlando, FL 32811
City/State and Zip Code
hawleymkam@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C. Hawley at (352) 665-4562
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)

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

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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Spa Refreshing 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 4/26/2011 and assigned Florida document number 611000049135.

This amendment is submitted to amend the following:

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

Spa Refreshing

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)

FILED
2011 JAN 28 PM 3:12
CLERK OF STATE
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:

Karen L. Hawley

New Registered Office Address:

11725 Regal Ridge Lane

Enter Florida street address

Clermont

City

Florida

34711

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.

Karen L. Hawley

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

| | | | |
|------|-----------------|------------------------|---|
| MGRM | Karen L. Hawley | 11725 Regal Ridge Lane | <input checked="" type="checkbox"/> Add |
| | | Clermont, FL 34711 | <input type="checkbox"/> Remove |

☐ Add
☐ Remove

| | |
|-------------------------------------|--------|
| <input checked="" type="checkbox"/> | Add |
| <input checked="" type="checkbox"/> | Remove |
| <input checked="" type="checkbox"/> | Add |
| <input type="checkbox"/> | Remove |

☐ Add

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THE NATIONAL ARCHIVES

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

Michael C. Hawley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 JAN 28 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA