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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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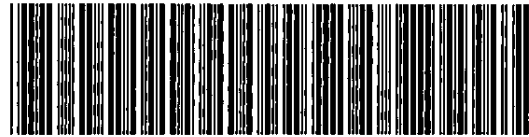
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAME CHANGE (G'SPA SKIN NAIL MASSAGE)
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:

GINA MIRABUENO

Name of Person

G'SPA SKIN NAIL MASSAGE

Firm/Company

3505 SOUTHSIDE BLVD, SUITE 2

Address

JACKSONVILLE FL 32216

City/State and Zip Code

gina mirabueno @ yahoo.com

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

For further information concerning this matter, please call:

GINA MIRABUENO

Name of Person

at (904)

Area Code

874-0024

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

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

G' SPA SKIN NAIL MASSAGE

(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 NOV, 2011 and assigned
Florida document number EIN-45-351-5883 = L1100011-3089

This amendment is submitted to amend the following:

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

* ADVANCE DERMA BY GINA 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)

3505 SOUTHSIDE^(SUITE 2) BLVD.

JACKSONVILLE FLORIDA

32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

* ^{Gina Mirabuen} ADVANCE DERMA BY GINA

New Registered Office Address:

3505 SOUTHSIDE^{2nd} BLVD. JACKSONVILLE FLA.

Enter Florida street address

JACKSONVILLE

, Florida

32216

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.

Gina Mirabuen

If Changing Registered Agent, Signature of New Registered Agent

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 29, 2014

Gina Mirabueno

Signature of a member or authorized representative of a member

GINA MIRABUENO

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA