#11000113426

(Re	equestor's Name)	
(Ad	dress)	
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K.SALY EXAMINER SEP - 3 2014

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Renew	v Day Spa, Ll	_C	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	lence concerning this matter	o the following:	
	Debbie Sant	iago	
		Name of Person	
	044014	Firm/Company	
	2149 Maeve		
	387 1 84 - II	Address	
	West Melbor	urne, FL 32904	<u> </u>
	annsantiago@ho	City/State and Zip Code	
		o be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	II:	
Debbie Sant	iago	_{at} 321 514-7	325
Name of F	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	_		
■ \$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)
	G ADDRESS:	STREET/COURI	
	on Section of Corporations 6327	Registration Section Division of Corpor Clifton Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Renew Day Spa, LLC

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

		CE. FLORID,
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/04/2011	and assigned
Florida document number L11000113426	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Peaceful Cottage Day Spa, LLC		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered agent and/on register	and office address on our records	
		nter the name of the
		nter the name of the
		nter the name of the
registered agent and/or the new registered office address Name of New Registered Agent:		nter the name of the
registered agent and/or the new registered office addre		nter the name of the
	ess here:	

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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = N $AMBR = A$	Ianager Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	2014 AUG 25 PM 12: 07	Type of Action
			2014 AUG 25 PM 12: 07 ALLAHASSEE FLORIDE	Add
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	filing: (optional to date of receipt or filed date and cannot be more than 90 days after artment of State)
date this document is filed by the Florida Depar	
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Page 3 of 3

Filing Fee: \$25.00