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SEC. OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
SEP - 3 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Renew Day Spa, 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:

**Debbie Santiago**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**2149 Maeve Cir**

\_\_\_\_\_  
Address

**West Melbourne, FL 32904**

\_\_\_\_\_  
City/State and Zip Code

**annsantiago@hotmail.com**

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

For further information concerning this matter, please call:

**Debbie Santiago**

\_\_\_\_\_  
Name of Person

at **321 514-7325**

\_\_\_\_\_  
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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CLERK OF COURT  
JULIA L. HARRIS  
CLERK OF COURT  
LAHASSEE, FLORIDA  
and assigned

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

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

Page 2 of 3

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

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**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 August 20, 2014

Debbie Santiago

Signature of a member or authorized representative of a member

Debbie Santiago

Typed or printed name of signee

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