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TALLAHASSEE, FLORIDA

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AUG 24 2015
D. BRUCE

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: VICTORIA'S 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:

JANNE CAROLINA PINTO RAMOS

Name of Person

VICTORIA'S SPA LLC

Firm/Company

6700 CONROY RD #245

Address

ORLANDO, FL 32835

City/State and Zip Code

JANNEPINTO5@ICLOUD.COM

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

For further information concerning this matter, please call:

JANNE CAROLINA PINTO RAMOS

407
at ()
Area Code

683-7254

Daytime Telephone Number

Name of Person

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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2013 JUN 22 P 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

VICTORIA'S SPA 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 11-16-2011 and assigned
Florida document number L11000130717.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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) _____

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: JANNE CAROLINA PINTO RAMOS

New Registered Office Address: 6700 CONROY RD #245

Enter Florida street address

ORLANDO

City


, Florida

32835

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.



If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VICTORIA TARAN	6700 CONROY RD	<input type="checkbox"/> Add
		#245	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
MGR	ARSEN ZADYKYAN	6700 CONROY RD	<input type="checkbox"/> Add
		#245	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
MGR	JANNE C. PINTO RAMOS	6700 CONROY RD	<input checked="" type="checkbox"/> Add
		#245	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
MGR	JESUS A. LAZO ARRIAGA	6700 CONROY RD	<input checked="" type="checkbox"/> Add
		#245	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2016 AUG 22 1:05 PM
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2015 AUG 22 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 AUG 22 PM 1:35
ST. JOHNS COUNTY
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 9, 2016

Janne Pinta
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JANNE CAROLINA PINTO RAMOS

Typed or printed name of signee