

L110000130769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 25 2013

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Linda's Skin Care Studio  
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:

Linda Principe  
Name of Person

Linda's Skin Care Studio  
Firm/Company

535 E Orange St  
Address

Tarpon Springs FL 34689  
City/State and Zip Code

l.principe.facials@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Principe at 352 942-0987  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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, FL  
SECRETARY OF STATE

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

Facials by Linda 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 11/17/2011 and assigned Florida document number L11000130769

This amendment is submitted to amend the following:

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

Linda's Skin Care Studio 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)

535 E Orange St  
Tarpon Springs FL 34689

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

11207 Allwood St  
Spring Hill FL 34609

**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:

Linda Principe

New Registered Office Address:

535 E Orange St

*Enter Florida street address*

Tarpon Springs Florida

*City*

34689  
*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.*

Linda Principe

*If Changing Registered Agent, Signature of New Registered Agent*

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

I would like Facials by Linda to  
end and the new name is  
Linda's Skincare Studio LLC

Dated

4/18/2013

Linda Principe

Signature of a member or authorized representative of a member

Linda Principe

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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Please tell me if there is  
any additional paper work  
to end Facials by Linda



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2013

LINDA PRINCIPE  
535 E. ORANGE STREET  
TARPON SPRINGS, FL 34689

SUBJECT: FACIALS BY LINDA LLC  
Ref. Number: L11000130769

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for FACIALS BY LINDA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 213A00008250