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SECRETARY OF STATE

J. BRYAN
JAN 1 1 2012
EXAMINER

COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: Amabella Spa and Brauty 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Besong MD Som is
Amabella Spa and Beauty Film/Company
810 N. Spring Garden Are Soute 200
Deland Fa 32720 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joy Pasquarullo at (386) 774-0109 / 407-687-8928 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

Amabella Spa		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	20/2011 and assigned
riorida document number	<u>.</u> .	SSEE OF
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	all resident
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDR.</u>	ESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	810 N. Swite Duland	Spring Garden Ave 200 Fr 32720
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, Florida
	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 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.

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 Type of Action **Title** Name | <u>Address</u> George Besong MD MGRM T9 Add Remove □ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 3, 2012. Signature of a member of authorized representative of a member George Besons
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00