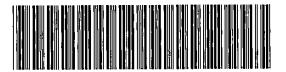
## L12000035001

(Requestor's Name)	
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PICK-UP WAIT	MAIL
. (Business Entity Name)	
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Certified Copies Certificates of	Status
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EXAMINER



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## **COVER LETTER**

Division of Cor			
SUBJECT:	Premiere	Spa Supply LLC	
		ted Liability Company	additional Property and the Community of
	Amendment and fee(s) are sub	-	D # 16 # 2.4
		Roberto Neuberger	
		rame of retain	7
Active Filings LLC			
	•	Firm/Company	
	3109 Stirling Rd. Suite 202		
		Address	
	For	t Lauderdale, FL 33312	
		City/State and Zip Code	
	opera	ations@activefilings.com	
For further information of	concerning this matter, please c		ony
Robe	erto Neuberger	at (_800_) 60	9-2521
	of Person	Area Code & Daytime Te	
Enclosed is a check-for to \$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)	Certificate of Status & Certified Copy
10 July 1880 18	$\mu_{ij}(\mathbf{c}_{ij}) = \mathcal{Q}^{ij}(\mathbf{c}_{ij}) + \mathcal{Q}^{ij}(\mathbf{c}_{ij})$		(additional copy is enclosed)
Carrier March 1991	der er erstør order frame	er yer in signifik in yeri keranta kilone ya sepanjanga	and a supply of Control of the Control
Regist	ING-ADDRESS:	STREET/COURIER Registration Section	
P.O. B	on of Corporations sox 6327 assee, FL 32314	Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier	e Spa Supply LLC	· -	P. 1		
( <u>Name of the Limited Liability</u> (A Florida l	' Company as it now appea Limited Liability Company)	ars on our records.)	and assigned		
			6 8		
The Articles of Organization for this Limited Liability C	company were filed on	03/12/2012	and assigned		
Florida document number L12000035001	_·	·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company he	<u>re</u> :			
Premie	r Spa Supply LLC				
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR					
Trincipal office duaress MOST BL A STREET ADDR	<u> </u>		<del></del>		
Forton many 22 and described 2					
Enter new mailing address, if applicable:			<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)	·				
	1. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	tered office address on ress here:	our records, <u>enter t</u> l	he name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida 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 Title Name <u>Address</u> Type of Action Add Remove Remove ☐ Add Remove ∏Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 May 5 Dated Shayne Silver Signature of a member or authorized representative of a member

Page 2 of 2

Shayne Silver
Typed or printed nime of signee

Filing Fee: \$25.00