

L12 000 129408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

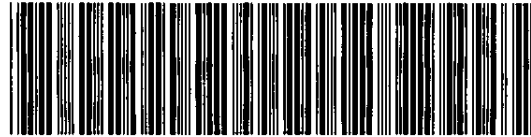
(Business Entity Name)

(Document Number)

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J. Shivers

J. Shivers DEC 18 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZENSATIONS MEDICAL SPA SERVICES, 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:

GINA LACAGNINA  
Name of Person

ZENSATIONS MEDICAL SPA SERVICES, LLC  
Firm/Company

9766 SILVERCREEK CT  
Address

ESTERO, FL 33928  
City/State and Zip Code

GINA@ZENSATIONS-SPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA LACAGNINA at (239) 821-9652  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

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

ZENSATIONS MEDICAL SPA SERVICES, 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 OCTOBER 10, 2012 and assigned Florida document number L12000129408.

This amendment is submitted to amend the following:

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

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: N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: N/A

**(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: N/A**

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: N/A**

*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

| <u>Title</u> | <u>Name</u>    | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|----------------|---------------------|--|
| MGRM         | GINA LACAGNINA | 9766 SILVERCREEK CT | <input checked="" type="checkbox"/> Add    |
|              |                | ESTERO, FL 33928    | <input type="checkbox"/> Remove            |
|              | GINA ISRAELOFF | 9766 SILVERCREEK CT | <input type="checkbox"/> Add               |
|              |                | ESTERO, FL 33928    | <input checked="" type="checkbox"/> Remove |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |

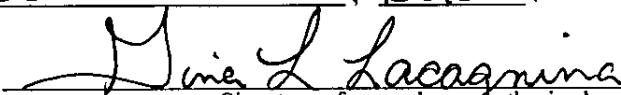
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE OF NAME DUE TO MARRIAGE

GINA ISRAELOFF TO GINA L. LACAGNINA

Dated

Dec. 5, 2013



Signature of a member or authorized representative of a member

GINA L. LACAGNINA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DEC 11 PM 12:02  
FEB 11 10:00 AM  
FEB 11 10:00 AM