

L12000132613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

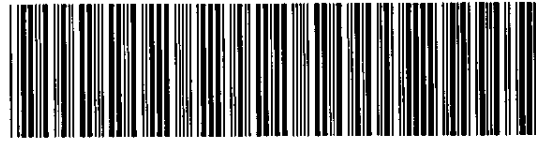
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L12-132613
Amendment NC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV -9 AM 9:34

FILED

N. CAUSSEAU
NOV 7 2012
EXAMINER

North Beach Title & Escrow, Corp.

3326 NE 33rd Street
Fort Lauderdale, FL 33308
Phone: (954) 566-5070
Fax: (954) 561-0922

Date: November 7, 2012
To: Dept. of Corporations
Attn: Nanette
Fax No.: 850-245-6030
From: Mellssa A Greenberg
Re: Name change for LLC
Pages: 5 (Including cover sheet)

Comments:

Nanette,

thank you for speaking with me today. Attached is the amendment as requested.

Thank you for the assistancc. Please call me iff you need anything further.

The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in the reliance on the contents of the facsimile information is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone to arrange for the return of the original document to us.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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:

Melissa Greenberg

Name of Person

Law Office of Lawrence E. Blacke

Firm/Company

3326 NE 33 Street

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

melissa@northbeachtitle.com

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

For further information concerning this matter, please call:

Melissa

Name of Person

at **954 566-5070**

Area Code & Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 12 NOV -9 AM 9:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/18/2012 and assigned Florida document number L12000132613

This amendment is submitted to amend the following:

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

Suite Spa, 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)

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:

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 amehding 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
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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.)

Five horizontal lines for amending information.

Dated

Lawrence E. Blacke

Signature of a member or authorized representative of a member
Lawrence E. Blacke, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
12 NOV -7 AM 9:34
SECOND DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA