# L13000001585

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#### "COVER LETTER

TO:

Registration Section Division of Corporations

# CAPELLIS UNISEX AND MED SPA ACADEMY LLC

SUBJECT:

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:

## **AUNDRE SCOTT**

Name of Person

#### MITRE ACCOUNTING & TAX SERVICE, LLC

Firm/Company

15701 SR 50, STE 206

Address

# CLERMONT, FL 34711

City/State and Zip Code

#### TAXES@MITREACCOUNTINGANDTAX.COM

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

For further information concerning this matter, please call:

### **AUNDRE SCOTT**

<sub>...</sub>352、242-9905

Name of Person

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**

#### CAPELLIS UNISEX AND MED SPA ACADEMY LLC

ARTIC	LES OF ORG	GANIZATION	and the second		
	OF		J. J. Janes		
CAPELLIS UNISEX AND MI					
( <u>Name of the Limited Li</u> (A F	ability Company a lorida Limited Liabi	is it now appears on our records ility Company)	The state of		
The Articles of Organization for this Limited Liab	oility Company we	re filed on 01/03/2013	and assigned		
Florida document number L13000001585					
Florida document number	·		4		
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	<u>he limited liabilit</u>	y company here:			
The new name must be distinguishable and end with t "L.L.C."	the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation		
Enter new principal offices address, if applicab	ole: _				
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		<del></del>		
	_				
Enter new mailing address, if applicable:					
	- 0V)				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<del></del>		
	-				
B. If amending the registered agent and/or	registered office	e address on our records, <u>er</u>	nter the name of the new		
registered agent and/or the new registered office					
No. 2 of No. 10 printered America	MITRE ACCOUNTING & TAX SERVICE, LLC				
Name of New Registered Agent:			<u></u>		
New Registered Office Address:					
Enter t		Enter Florida stree			
	CLERMONT	, Floric	da <u>34711</u>		
	(	City	Zip Code		
New Registered Agent's Signature, if changing Re	gistered 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 heing 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WANDA I SANCHEZ	1050 US HWY 27 SUITE 16	Add
		CLERMONT, FL 34714	Remove
MGR	CAROLINA ZARZUELA	900 E OSCEOLA PKWY	Add
		KISSIMMEE, FL 34744	Remove
			Add
			Remove
			Add
			Add Remove
			Add Remove

D. If am	ending any other informa N/A	tion, enter change(s) here: (Attach additional sheets,	if necessary.)
	14//		
			<del></del>
Dated 0	7 MARCH	2013	
	Carlo K	odique	
	-	gnature of a metaber or authorized representative of a memb DRIGUEZ - MGRM	er

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Capellis Unisex & Med Spa Academy, LLC. 900 E Osceola Pkwy Kissimmee, FL 34744

07 March 2013

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

# AMENDMENT OF MANAGER CAPELLIS UNISEX & MED SPA ACADEMU, LLC. DOCUMENT # L13000001585

We the managing members and owners of Capellis Unisex & Med Spa Academy, LLC., no longer require the services of <u>Wanda I. Sanchez</u> of 1050 US Hwy 27, Ste 16, Clermont FL 34714 as a manager of our company. As a result we hereby request that the current articles of organization be amended removing <u>Wanda I. Sanchez</u> and adding <u>Carolina Zarzuela</u> of 900 E Osceola Pkwy, Kissimmee, FL 34744 as our new manager.

In addition, the current registered agent, <u>Lourdes M. Herrera</u>, of 1050 US Hwy 27, Ste 16, Clermont, FL 34714 is hereby replaced by <u>Mitre Accounting and Tax Services, LLC</u>, of 15701 SR 50, Ste 206, Clermont, FL 34711.

As required, enclosed are the completed Articles of Amendment to the Articles of Organization and a check in the amount of \$25.00 for the filing fee.

Respectfully,

Carlos Rodriguez

MGRM

Lourdes Herrera

**MGRM**