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13 JUL 29 PH 3: 20

DIVISION OF CORPORATIONS

'JUL 3 0 2013

T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp	tion' orations	* *	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ric	CK Gamache Name of Person	
		Firm/Company	
	1030	14 wost Souple Row	
		Sfry 5 f. 33065 City/State and Zip Code 15 hc [m 700 hotmail. Code to be used for future annual report notifications.]	_
For further information cor	E-mail address: (to		on)
David S Name of I	herman	at (954) 649-32 Area Code & Dayrime Te	183 Elephone 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

H// M (DUG FITHERS TIC	
(Name of the Limited Liab (A Flor	ility Company as it now appears on coida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	2 13 and assigned
Florida document number <u>L 1300001</u>	587	3 🖳
Tronds document names		 0,
		JUL
This amendment is submitted to amend the following	g:	FILE TAR
		33 <u>F</u>
A. If amending name, enter the new name of the	limited liability company here:	PH RPC
		မှာ Spa
The new name must be distinguishable and end with the	words "Limited Liability Company." t	he designation "LLC" or the abbreviation
"L.L.C."	,	7
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	n	
Intuming autoress MATE DE ATTOM OF THE BOTS	<u></u>	
B. If amending the registered agent and/or re	8	ecords, enter the name of the new
registered agent and/or the new registered office	<u>address here</u> :	
Name of New Registered Agent:		
THE OF HOM INCHISED OF THEORE.		
New Registered Office Address:		
<u>-</u>	Enter Fi	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.

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MAGE	Rick Gamache	10394 west Souple Rd	Add
		CORLSPINS, Fl. 33065	Remove
MNgr	Richard Garack	10394 west Sample Read Corl Springs, F1. 33065	[J]Add
		Conl Springs, 61. 33065	Remove
			Add
			SECRE TARY OF STATE DIVISION OF SCRETARIONS 13 JUL 29 PH B: 20
			Add
			Remove
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	July 2311 2013.
	Signature of a member or authorized representative of a member
	David Sherman Typed or printed name of signee

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Filing Fee: \$25.00

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