

L13000018126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

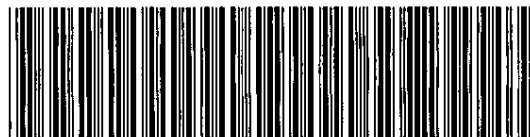
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700268648957

02/11/15--01014--006 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
15 FEB 11 PM 12:17
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 FEB 12 AM 9:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 13 2015

BRUC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2015

CAPITAL CONNECTION

SUBJECT: DYNAMIC THERAPY 101, LLC
Ref. Number: L13000018126

We have received your document for DYNAMIC THERAPY 101, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 715A00002973

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2015 FEB 12 AM 9:26
DIVISION OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dynamic Therapy 101 LLC

Signature _____

Requested by: SETH

02/12/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

FILED
2015 FEB 12 AM 9:26
TALLAHASSEE FLORIDA
CLERK OF DISTRICT COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DYNAMIC THERAPY 101 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:

MIA SEVERSON

Name of Person

DYNAMIC THERAPY 101 LLC

Firm/Company

2017 NASSAU DRIVE

Address

RIVIERA BEACH

FL

33404

City/State and Zip Code

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

For further information concerning this matter, please call:

MIA SEVERSON

Name of Person

561

Area Code

951-0814

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

FILED
2015 FEB 12 AM 9:26
TALLAHASSEE FLORIDA
CLERK OF STATE

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

DYNAMIC THERAPY 101 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 02/05/2013 and assigned Florida document number L13000018126.

This amendment is submitted to amend the following:

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

MIA'S 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:

140 NE 2ND AVENUE STE. 1

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33444

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

City

, Florida

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized 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
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

2011 FEB 12 AM 9:20
 CLERK OF DISTRICT COURT
 TAMPAHASSLET, FLORIDA

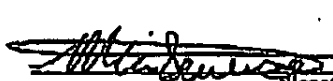

FILED

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

Please update EIN #: 46-1953188

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.

 
Signature of a member or authorized representative of a member

Mica Severson, Dale Samson
Typed or printed name of signee