

L13000025478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

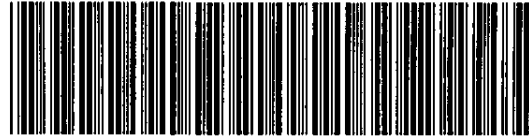
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/14--01006--011 **35.00

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14 NOV -7 PM 4:51
STATE OF TEXAS
FALL APASST

CRM
11-12-14

CRM
10-2-14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Essentials Massage + Facials Retreat
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:

Robert Sherman - Liliana Palacios
Name of Person

Essentials Massage + Facials Retreat
Firm/Company

1940 E Bay Dr.
Address

Largo, FL 33771
City/State and Zip Code

essentialslargo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana Palacios at (929) 3669320
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
14 NOV -7 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Essentials Massage + Facials Retreat

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

FILED
14 NOV -7 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/04/14 and assigned
Florida document number L13000025478

This amendment is submitted to amend the following:

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

Essentials Massage + Facials Retreat

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:

Robert Sherman - Liliana Palacios

New Registered Office Address:

1940 E Bay Dr.

Enter Florida street address

Largo

City

, Florida

33771

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>
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	Jerry Cuervo		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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	Frank Cuervo		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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14 NOV - 7 PM 4:52
CLERK OF DISTRICT COURT
COUNTY OF ORANGE

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

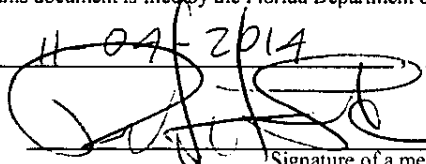
FILED
NOV 17 4:52 PM
CLERK OF COURT
JAN 15 2014

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

11-07-2014



Signature of a member or authorized representative of a member



Robert Sherman -

Liliana Polacios

Typed or printed name of signee

October 18, 2014

Florida Department of State
(Division of Corporation)
P.O. BOX 6327
Tallahassee, Fl. 32314

Letter Number 614A00021050

We change our name to ESSENTIALS MASSAGE & FACIALS RETREAT, LLC.

We really don't know what happened, but we are registered twice under two different names; once under the name mentioned above with DLN L13000025478.

And a second one, under Essentials Retreat Day Spa, LLC with DLN L1400029952. However most of our legal papers are under the first name.

We apologize for the confusion, and I hope you can help us to correct the matter.

We attached copy of the registrations along with the corrected articles of Amendment.

Please don't hesitate to call us 727 584 4600.

Cordially,



Robert Sherman
Owner - President



M. Liliana Palacios
Owner - Vicepresident/Treasure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2014

ROBERT SHERMAN, LILIANA PALACIOS
ESSENTIALS MASAGE AND FACIALS
1940 EAST BAY DRIVE
LARGO, FL 33770

SUBJECT: ESSENTIALS RETREAT DAY SPA LLC
Ref. Number: L14000029952

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete form for Articles of Amendment for a Florida Limited Liability Company. The incorrect form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 214A00023024

RECEIVED
14 NOV -7 AM 10:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA