

L13000026621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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AUG - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WAVES SPA HOLISTIC CENTER 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:

Name of Person
INFOTAXSQUARE.COM INC
Firm/Company
76 N BROADWAY, STE 2005
Address
HICKSVILLE, NY 11801
City/State and Zip Code
martinandros@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADIHA at (**516**) **822-3100**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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

WAVES SPA HOLISTIC CENTER 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 02/20/2013 and assigned
Florida document number L13000026621.

This amendment is submitted to amend the following:

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

READY LABOR STAFFING 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)

1002 NW 129TH AVENUE

MIAMI FL 33182

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1002 NW 129TH AVENUE

MIAMI FL 33182

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:

1002 NW 129TH AVENUE

Enter Florida street address

MIAMI

City

Florida 33182

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

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If amending 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

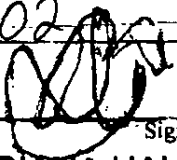
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANDROS MARTIN	622 SW 147TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
MGRM	MARIANA MARTIN	622 SW 147TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
MGRM	DANIEL HALPERIN	1002 NW 129TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33182	<input type="checkbox"/> Remove
MGRM	MARIANA HALPERIN	1002 NW 129TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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☐ Add
☐ Remove

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

Dated

08/02, 2013



Signature of a member or authorized representative of a member

MARIANA HALPERIN

Typed or printed name of signee

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Filing Fee: \$25.00

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