

L13000031702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

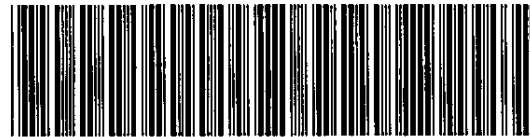
(Business Entity Name)

(Document Number)

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FEBRUARY 14 2014
JAN 13 2013

J. Shivers JAN 13 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPA CARE 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:

MELANIE JEANTIER
Name of Person

SPA CARE CENTER
Firm/Company

124 SOUTH FEDERAL HWY
Address

BOCA RATON, FL, 33432
City/State and Zip Code

melenie.jeantier@spacarecenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeantier MELANIE JEANTIER (561) 306 5983
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**

SPA CARE 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 03/01/2013 and assigned Florida document number L13000031702.

This amendment is submitted to amend the following:

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

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)

124 SOUTH FEDERAL HWY
BOCA RATON, FL, 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

124 SOUTH FEDERAL HWY
BOCA RATON, FL, 33432

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:

MELANIE JEANTEUR

New Registered Office Address:

124 SOUTH FEDERAL HWY

Enter Florida street address

BOCA RATON

City

Florida 33432

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.

Melanie Jeanteur
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>
MGR	MELANIE JEANTEUR	124 SOUTH FEDERAL HWY	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL, 33432	<input type="checkbox"/> Remove
AMBR	PIERRE JEANTEUR	124 SOUTH FEDERAL HWY	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL, 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-10-20 BY 60322
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 01/06/_____, 2014.



Signature of a member or authorized representative of a member

JEANTEUR

Typed or printed name of signee

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FALL ARMS, CT. CT 06108
14 JAN -9 AM 10:24