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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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COVER LETTER

TO:	Registration Sec Division of Corp		*	·
 SUBJEC		rion@desiree's skin & v	WELLNESS SPAC, LLC	
SOBJEC	J1;	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		JOHN C. TRENTELMAN	ı	
			Name of Person	
		SCHATT HESSER MCGI	RAW	
			Firm/Company	
		328 NE 1st Ave. Ste. 100		
			Address	
		OCALA, FL 34470		
			City/State and Zip Code	
Factorial		restorationatdesireeswellnes E-mail address::(city/state and Zip Code	cation)
For turth	er information co	oncerning this matter, please ca	all:	
John C.	Frentelman		353 789-6520 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	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**

RESTORATION@DESIREE'S SKIN & WELLNESS	-	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec- Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 03/15/2013	and assigned
Florida document number L13000040549		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
RESTORATION@DESIREE'S WELLNESS SPA & BOUTIQUE, L	LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	_	() () () () () () () () () ()
		7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		SS en
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Mailing address MAY BE A POST OFFICE BOX)		70 10 10
£ 4 A .		
		10 A
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		rds, enter the name of the
N. B		
New Registered Office Address:	Enter Florida street ado	iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
hereby accept the appointment as registered agent and agr	_	further garee to comply wit

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			SSS COLUMN COLUM
			FLOR DA
			□ Remove
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filir ote: If the date inserted in this block does not meet the applicable statutor	y filing requirements, this date will not be liste
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlie
The 90th day after the record is filed.	ave ame, at 12.01 a.m. on the carne
ated april 10th 2018	
Desires 1 Burnell	
Signature of a member or authorized represe	entative of a member
•	

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Filing Fee: \$25.00