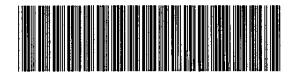
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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEELARY OF STATE

CHARACSEE FLORIBA

C. LEWIS

MAY 1 4 2013

EXAMINER

COVER LETTER

| TO* Registration Section Division of Corporations |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Trangul Waters Day Spa 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: |
| Suzanne Symmers Name of Person |
| tranquil waters Day Spa |
| 504 Sally Lee DV |
| CILENTEN FI 34222 City/State and Zip Code SU21 Summers e me Com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (941) 962-3715 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Cartificate of Status |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILE

| Tranquil wo | uters I | jau on | 3 MAY 13 PHOI | |
|-----------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------|-----------------------------------------|---------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company rida Limited Lia | y as it pow appea ability Company). | rs on our records.). CLAHASSEE, FLOR | iDA: |
| The Articles of Organization for this Limited Liabil Florida document number <u>113000063</u> | | were filed on <u>1</u> | April 30, 20 | and assigned |
| This amendment is submitted to amend the followir | ng: | | | |
| A. If amending name, enter the new name of the | e limited liabil | ity company he | <u>re</u> : | |
| | | | | |
| The new name must be distinguishable and end with the 'L.L.C." | e words "Limite | ed Liability Comp | any," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | : | <u></u> | | |
| Principal office address MUST BE A STREET A | DDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX | <u>X)</u> | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | egistered offi address here: | ce address on | our records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | / | F | nter Florida street aa | Huges |
| | | E.A. | | 101 033 |
| | <u> </u> | 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 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 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:

| anager Managing Member | FILED | |
|---------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Name Patricia Dawson | 13 HAY 13 PM 1:53 Address SEURETARY DE STATE 504 LAHASSEE, FLORIDAD DY CIENTAN FI 34222 | Type of Action Add Remove |
| Suzimne Simmers | | AddRemove |
| | | Add Remove |
| | Managing Member <u>Name</u> Patricia Dawson | Name Name Patricia Dawson Suzumne Summers Suzumne Summers |

| D. If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|------------------------------------------------------------------------------------------------|
| • | |
| • | in ly chaming name for filing |
| | records - all else remains |
| | the same. |
| | requesting as soun as possible |
| Dated | May 9, 2013. |
| | Signature of a member or authorized representative of a member |
| | Suzance Summers Typed or printed name of signee |
| | Page 3 of 3 |
| | Filing Fee: \$25.00 |

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13 HAY 13 PM 1: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA