

L13000063836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tranquil waters Day Spa 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:

Suzanne Summers
Name of Person
Tranquil Waters Day Spa
Firm/Company
504 Sally Lee Dr
Address
Ellenton FL 34222
City/State and Zip Code
SuziSummers@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Summers at (941) 962-3715
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

may I also
get receipt
for fee

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TALLAHASSEE, FLORIDA

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

Tranquil Waters Day Spa 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 May 13 2013 and assigned Florida document number L13000063036

This amendment is submitted to amend the following:

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

Suzanne Summers / Tranquil Waters Day Spa 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)

504 Sally Lee Dr
Ellenton FL 34222

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

/

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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:

Enter Florida street address

Florida

City

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.

Suzanne Summers

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

mbc owner	Suzanne Summers	504 Sally Lee Dr	<div><div>Add</div><div>Remove</div></div>
		Elkton A 34202	

Patricia Dawson	504 Sally Lee Dr	Add
	Glenmont FL 34221	Remove

_____ Add

 Remove

_____ Add

Add

Remove

Add

Remove

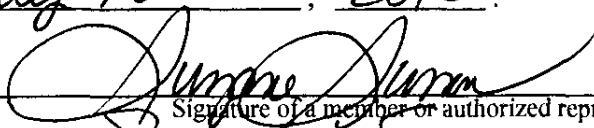
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100

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

Dated

July 10, 2013.



Signature of a member or authorized representative of a member

Suzanne Summers

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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