# 1300081544

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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C/ 1/12/2023

# **COVER LETTER**

TO: Registration Sec Division of Corp		
suвјест: <u>' Sho</u> '	re Rejuvination Day Spa Name of Limited Liability Company	LLC.
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspor	ondence concerning this matter to the following:	
	Holly Sharpe Name of Person	
	Shore Rejuvenation	Day Spa
	1570 Oakford Rd	
	Savasofa Ft 34247 City/State and Zip Code	
	HOLL Share a outloc E-mail address (to be used for futore annual report noti	fication)
For further information co	oncerning this matter, please call:	
tholly S	f Person at (94) 233 Area Code Daytim	- 3035 e Telephone Number
Enclosed is a check for th	he following amount:	
□ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status  Certificate of Status  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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO A.
ARTICLES OF ORGANIZATION
OF SEC. SALL SECTION
ARTICLES OF ORGANIZATION  OF  Shove Polyvouth Day Da Utility Company as it now appears on our records.)  (Name of the Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 5 15 13 and assigned lorida document number 4300081544.
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:  LA CNIC BONEME COILE CHYE LLC  ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> <u>cent and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Zin Cayle

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			□Add
			∃Change
			□Add
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			□Change

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	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docum	ent's effective date on the Department of State's records.
e recor rd is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
IU IS II	ieu.
	Tanaga 12 2622
	January 12 . 2023.
Dated	
Dated	a la
Dated	Signature of a member or authorized representative of a member
Dated	410.00