

#L13000099/29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CORRECTION TO MGR PER  
CONVERSATION WITH  
LORI J. HEIMBERG  
1/29/2014 KS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JAN 24 PM 4:04

FILED

K. SALLY  
EXAMINER  
JAN 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHOTON LIGHT 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:

LORI J. HEIMBERG  
Name of Person

PHOTON LIGHT SPA, LLC  
Firm/Company

PO BOX 4283  
Address

FT LAUDERDALE, FL 33338  
City/State and Zip Code

info@photonlightspa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI J. HEIMBERG at (954) 303-9585  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 JAN 24 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PHOTON LIGHT 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 7/12/13 and assigned  
Florida document number L13000099129

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)

12505 ORANGE DRIVE  
STE 906  
DAVIE, FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 4283  
FT LAUDERDALE, FL 33338

**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 609, 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

**MGR = Manager**  
**MGRM = Managing Member**

MGR LORI J. HELMBERG PO Box 4283 ☒ Add  
FT. LAUDERDALE, FL ☐ Remove  
33338

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Add  
 \_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

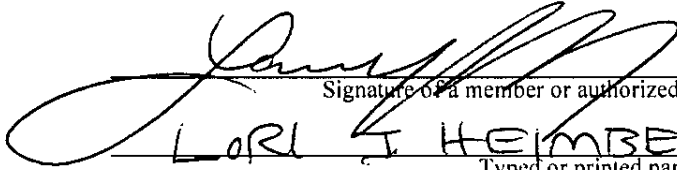
\_\_\_\_\_ ☐ Add  
 \_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Add  
 \_\_\_\_\_ ☐ Remove

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

PLEASE ADD EIN # 46-3169489

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

LORI J. HEIMBERG

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00