

#L13000153842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. BALLY
EXAMINER

NOV 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bloom Again European Tanning & Vacation Wear, 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:

Luba Love Delaney

Name of Person

Bloom Again European Tanning, LLC

Firm/Company

3233 S.W. Port St. Lucie Boulevard, Darwin Square

Address

Port St. Lucie, Florida 34953

City/State and Zip Code

thebesttaninflorida@yandex.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luba Love Delaney

772 777-2827

at ()

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

**TO
ARTICLES OF ORGANIZATION
OF**

Bloom Again European Tanning & Vacation Wear, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/31/2013 and assigned
Florida document number L13000153842

This amendment is submitted to amend the following:

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

Bloom Again European Tanning, 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)

3233 S.W. Port St. Lucie, Blvd

Darwin Square

Port St. Lucie, Florida 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3233 S.W. Port St. Lucie, Blvd

Darwin Square

Port St. Lucie, Florida 34953

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:

3233 S.W. Port St. Lucie, Darwin Square

Enter Florida street address

Port St. Lucie

Florida 34953

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 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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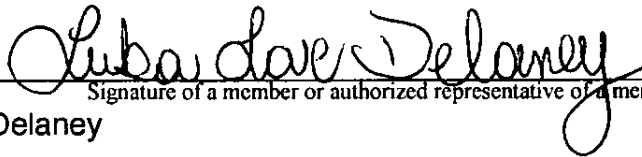
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 6, 2014



Signature of a member or authorized representative of a member

Luba Love Delaney

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA