

L140000013297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

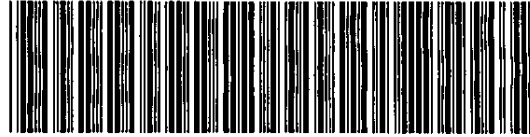
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAR 10 PM 12:36

Amend/cas  
(10) 3/30/15

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SpaJuiceBar 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:

**Sonia M. Terboss**

Name of Person

**SpaJuiceBar**

Firm/Company

**729 SE 13th Street,**

Address

**Ft. Lauderdale, FL 33316**

City/State and Zip Code

**SoniaT@SpaJuiceBar.COM**

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

For further information concerning this matter, please call:

**Sonia M. Terboss**

**954 993-2636**  
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

## Page 1 of 3

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DIVISION OF CORPORATION  
2015 MAR 10 PM 12:3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
AMBR	John A. Terboss, COO	729 SE 13th Street,	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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**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 March 6, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Sonia M. Terboss

\_\_\_\_\_  
Typed or printed name of signee