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ZIN AUG II P 3: 50 SECRETARY OF STATE

B. BOSTICK
AUG 1 2 2014
EXAMINER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

MY FEET 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:

## **DORCAS TROCHE**

Name of Persor

RCG ACCOUNTING & ASSOCIATES INC

Firm/Company

9000 SHERIDAN STREET SUITE 138

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

DTROCHE@BELLSOUTH.NET

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

For further information concerning this matter, please call:

**DORCAS TROCHE** 

...954*`*.862-2222

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

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iability Company as it now appears on our record lorida Limited Liability Company)	<u>ls.</u> )	
ity Company were filed on 03/21/2014	and	assigned
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limited liability company here:		
s "Limited Liability Company," the designation "LL	C" or the abbreviatio	n "L.L.C."
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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

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> AMBR	Name ANGELA BRAY	Address  424 E PALMETTO PARK ROAD	Type of Action
		BOCA RATON, FLORIDA 33432	□ Add
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D. If ar	mending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
(The e	ective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mo	(optional) ore than 90 days after
Date	ed JULY 23  On a Control of State)  And	
	Signature of a member or authorized representative of a MARIA C. ARCILA	member
	Typed or printed name of signee	MIN AUG II P

Page 3 of 3

Filing Fee: \$25.00