L14000047836

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Replacement articles of amendment, the originals were not archived SPT 3/17/15
Office Use Only



100266862371



March 3, 2015

MY FEET SPA, LLC 424 E PALMETTO PARK RD BOCA RATON, FL 33432

SUBJECT: MY FEET SPA, LLC Ref. Number: L14000047836

To Whom It May Concern:

In a recent audit of our records we have determined that the original Articles of Amendment filed on August 11, 2014 for MY FEET SPA, LLC, document number L14000047836, have been misplaced and have not been imaged for the official record.

The purpose of this letter is to ask you to furnish us with a photocopy of this document, so that we can complete our records.

Please send the copy to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Sean Toner

I hope this request is not too much of an inconvenience.

Should you have any questions regarding this matter, please feel free to contact me at (850) 245-6862.

Sincerely, Sean Toner, Bureau Chief Bureau of Commercial Information Services Division of Corporations

Letter number: 615A00004388



March 12, 2015

Sean Toner Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re

My Feet Spa, LLC

L14000047836

Deborah Riss

Dear Mr. Toner,

Our office is in receipt of your letter requesting a photocopy of the amendment filed on August 11, 2014 to My Feet Spa, LLC. We are happy to assist and are attaching it hereto.

Sincerely,

Deborah Rios, EA IRS Enrolled Agent

President

COVER LETTER

TO:

Registration Section Division of Corporations

SUBTROT

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 Person

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 Aug 11, 2014 08:00 AM TO ARTICLES OF ORGANIZATION OF Secretary of State

MY FEET SPA, LLC	_	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L14000047836	vere filed on 03/21/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and end with the words "Limited Liability	ity Company," the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· a. 1
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	. <u>.</u>
	, Florida	
	City Zi	n 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

IGR = M MBR = A	anager uthorized Member	-	
<u>`itle</u>	<u>Name</u>	Address	Type of Action
MBR	ANGELA BRAY	424 E PALMETTO PARK ROAD	= Add
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E. Effective date, if other than th (The effective date must be specific, car the date this document is filed by the I	e date of filing: unot be prior to date of receipt or filed date are	(optional decannot be more than 90 days after)		
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Dated JULY 23	2014	المعاشات		;	<u> </u>
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FILED Aug 11, 2014 08:00 AM Secretary of State

Page 3 of 3

Filing Fee: \$25.00