

L14000089804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

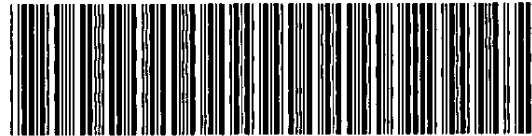
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L14-89804

Amendment

11/06/14--01006--001 **25.00

FILED
14 OCT 31 PM 14:00
RECEIVED
FALLS CHURCH, VA
11/06/2014

NOV 03 2014

N. CAUSSEAU

114-89804

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMABELLA WELLNESS 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:

SABINE BESONG
Name of Person

Amabella Wellness spa
Firm/Company

2111 HONTOWN Rd
Address

Deland, FL 32720
City/State and Zip Code

S.besonga@AmabellaWellnessspa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABINE J Besong at (386) 785-7350
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

SABINE BESONG
AMABELLA WELLNESS SPA
2111 HONTOON ROAD
DELAND, FL 32720

SUBJECT: AMABELLA WELLNESS SPA, LLC
Ref. Number: L14000089804

We have received your document for AMABELLA WELLNESS SPA, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 214A00021844

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMABELLA Wellness 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 6/4/14 and assigned Florida document number _____.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

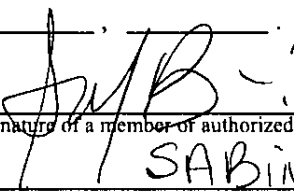
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	George T BESONG	2111 HONTOWN RD	<input checked="" type="checkbox"/> Add
		Deland, FL 32720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ASAP (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 9/26/14


Signature of a member or authorized representative of a member

SABINE J BESONG
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 31 PM 4:00
STATE OF FLORIDA
TALLAHASSEE
②