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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luxure Salon and Medspa, 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:

Tracy Stein-Managing Member

Name of Person

Prestige Management Group, LLC

Firm/Company

3208 East Colonial Drive #283

Address

Orlando, FL 32803

City/State and Zip Code

tstein1964@aol.com

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

For further information concerning this matter, please call:

Tracy Stein

Name of Person

407 616-8859

at ()

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

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	Ignacio A. Hidalgo	1889 West State Rd.434	<input type="checkbox"/> Add
		Longwood,FL 32750	<input checked="" type="checkbox"/> Remove
AMBR	Prestige Management Group,LLC	3208 East Colonial Drive	<input checked="" type="checkbox"/> Add
		#283	<input type="checkbox"/> Remove
		Orlando, FL	
AMBR	Body Couture Center,LLC	2193 North Umbria Drive	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: _____ (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 August 11, 2014



Signature of a member or authorized representative of a member

Tracy Stein-Managing Member for Prestige Management Group, LLC

Typed or printed name of signee