# 614000127523

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#### **COVER LETTER**

TO:

Registration Section: Division of Corporations

SOLEIL SPA ORLANDO 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:

Juan Carlos Acosta

Name of Person

Soleil Spa Orlando LLC

Firm/Company

PO Box 143706

Address

Coral Gables, FL. 33134

City/State and Zip Code

ica1727@gmail.com

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

For further information concerning this matter, please call:

Juan Carlos Acosta

...305, 934-1828

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

# SOLEIL SPA ORLANDO 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 08/12/2014 and assigned Florida document number L14000127523 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 absreviation" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 143706 Enter new mailing address, if applicable: Coral Gables, FL. 33134 (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

### New Registered Agent's Signature, if changing Registered Agent:

SMETS SHELLING TO BEE

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title Address **Type of Action** Name Diana C Arrieta **MGR** P.O. Box 143706, Coral Gables, FL. 33134 ☐ Remove ☐ Remove □ Add ☐ Remove □ Add ☐ Remove \_\_ 🗆 Add \_□ Remove

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	<del></del>
Effective date, if other than the date of filing: (optional	1)
(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)	
Sontombor 21 2014	
Dated September 21 , 2014	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Juan Carlos Acosta  Typed or printed name of signee	
Juan Carlos Acosta	
Juan Carlos Acosta	TAL SI
Juan Carlos Acosta	14 S. SECR TALLA

Page 3 of 3

Filing Fee: \$25.00