

L14000138867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

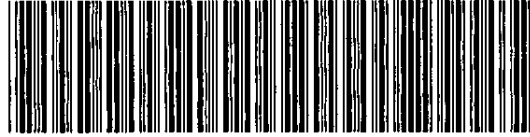
(Business Entity Name)

(Document Number)

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SEP 03 2015

J SHIVERS

**JANE YEAGER CHEFFY**

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**NAPLES, FLORIDA 34108-4489**

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[janecheffy@earthlink.net](mailto:janecheffy@earthlink.net)

August 26, 2015

Division of Corporations  
New Filing Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Spa Angels, LLC

Dear Division:

Enclosed please find a Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company along with a check payable to Florida Department of State in the amount of \$25.00 representing the filing fee.

Also enclosed, please find the Articles of Amendment to Articles of Organization of Spa Angels, LLC along with a check payable to Florida Department of State in the amount of \$25.00 representing filing fee.

If you have questions or concerns, please contact our office.

Very truly yours,



Eileen A. Sepesi  
Legal Assistant

ccas  
enclosure

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPA ANGELS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and (fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANE YEAGER CHEFFY

\_\_\_\_\_  
Name of Person

JANE YEAGER CHEFFY, P.A.

\_\_\_\_\_  
Firm/Company

2375 Tamiami Trail North, Suite #310

\_\_\_\_\_  
Address

Naples, FL 34103

\_\_\_\_\_  
City/State and Zip Code

janecheffy@earthlink.net

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

For further information concerning this matter, please call:

Jane Yeager Cheffy

239 263-1130  
at ( )

\_\_\_\_\_  
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**

SPA ANGELS, 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 September 5, 2014 and assigned Florida document number L14000138867.

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 contain 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|------------------------|--------------------------------|--|
| MGR          | LI, JIAN a/k/a JIAN LI | 23448 Olde Meadow Brook Circle | <input type="checkbox"/> Add               |
|              |                        | Bonita Springs, FL 34134       | <input checked="" type="checkbox"/> Remove |
|              |                        |                                | <input type="checkbox"/> Change            |
|              |                        |                                | <input type="checkbox"/> Add               |
|              |                        |                                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input type="checkbox"/> Change            |
|              |                        |                                | <input type="checkbox"/> Add               |
|              |                        |                                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input type="checkbox"/> Change            |
|              |                        |                                | <input type="checkbox"/> Add               |
|              |                        |                                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input type="checkbox"/> Change            |
|              |                        |                                | <input type="checkbox"/> Add               |
|              |                        |                                | <input type="checkbox"/> Remove            |
|              |                        |                                | <input type="checkbox"/> Change            |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 2015

Signature of a member or authorized representative of a member

Ling Bai-Hermanson

Typed or printed name of signee