

L14000173719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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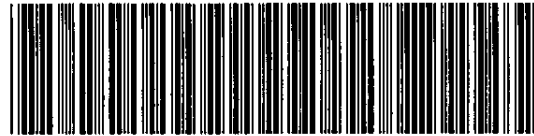
(Business Entity Name)

(Document Number)

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D. SCOTT  
NOV 2 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spa Blue 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:

Janet L Beres  
Name of Person  
Spa Blue LLC  
Firm/Company  
6735 Conroy Rd Ste 423  
Address  
Windermere FL 34786  
City/State and Zip Code  
Spablueorlando@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Beres at 407, 257-3013  
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

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

Spa Blue 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 11-07-2014 and assigned Florida document number 47-2363811.

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 "LLC."

Enter new principal offices address, if applicable: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Janet L Berer

New Registered Office Address:

6735 Conny Rd Ste 423

Enter Florida street address

Windermeade Orlando FL 32835

City

Florida

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          | Skinn Care    | 6735 Conroy Rd Ste 423<br>Orlando FL 32835                | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |               | Zori Lane<br>13515 Windermere FL 34786                    | <input type="checkbox"/> Change  |
| MGR          | Janet L Beres | 13515 Zori Lane<br><del>Orlando</del> Windermere FL 34786 | <input checked="" type="checkbox"/> Add<br><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  |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated Oct 20, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Janet L Beres

Typed or printed name of signee

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