L1500011665

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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2815 OCT 28 AM III: OO SECRETARY OF STATE

COVER LETTER

	egistration Se ivision of Cor				
CID IE CT	Spa Fabulo	us LLC		•	
SUBJECT	:	Name of Lim			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Maria Luisa Martini			
			Name of Person		
Firm/Company					
	9044 W Atlantic Blvd Apt 333				
			Address		
		Coral Springs, FL 33071			
			City/State and Zip Code		
		mlm3483183947@gmail.co			
		E-mail address: (to be used for future annual report notifi	ication)	
For further	information co	oncerning this matter, please ca	all:		
Maria Luis	sa Martini		305 206-6695		
Name of Person Area Code Daytime Telephone Number		Telephone Number			
Enclosed is	a check for th	e 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

FILED

2015 OCT 28 AM 11: 00

Spa Fabulous LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 04/23/2015 and assigned	
Florida document number L15000071665		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Miami Beach FL 33139	
(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 of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, <u>enter the name of the new</u>	
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 agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publicing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Chan	iging 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>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Remove
	•		☐ Change
			Add
			□ Remove
			Change

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Filing Fee: \$25.00