

L15000100764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300274033173

06/22/15--01016--008 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 22 AM 8:36
TALLAHASSEE, FLORIDA

JUN 23 2015

S MASON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: HEALTHY LIVING SPA 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:

PAOLA A NOSSA OSPINA

Name of Person

HEALTHY LIVING SPA LLC

Firm/Company

2205 MALIBU LAKES CIR APT 1036

Address

NAPLES FL 34119

City/State and Zip Code

paitoandrea9@hotmail.com

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

For further information concerning this matter, please call:

PAOLA A NOSSA OSPINA

239 273-3379
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

FILED
18 JUN 22 AM 8:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

HEALTHY LIVING SPA 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 06/09/2015 and assigned
Florida document number L15000100764.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2205 MALIBU LAKES CIR APT 1036

NAPLES FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2205 MALIBU LAKES CIR APT 1036

NAPLES FL 34119

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:

N/A

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. ~~Of 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

FILED
JUN 22 AM 8:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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	NEPTALI F SANDOVAL	924 ROSEMARY LN	<input type="checkbox"/> Add
		NAPLES FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAOLA A NOSSA OSPINA	2205 MALIBU LAKES CIR	<input checked="" type="checkbox"/> Add
		APT 1036	<input type="checkbox"/> Remove
		NAPLES FL 34103	<input type="checkbox"/> Change
MGMR	DORIS ESCOVAR VDA DE CUB	2205 MALIBU LAKES CIR	<input checked="" type="checkbox"/> Add
		APT 1036	<input type="checkbox"/> Remove
		NAPLES FL 34103	<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 JUN 20 AM 8:36
 TALLAHASSEE, FLORIDA

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)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day of: (b) The 90th day after the record is filed.

Dated

[illegible]

Signature of a member or authorized representative of a member

Neptali F. Sandoval (NFS) .
Typed or printed name of signer

Paola A. Nossa (MAM)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 22 AM 8:36
the clerk of
SECRETARY OF STATE
TALLAHASSEE, FLORIDA