

L15000113978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

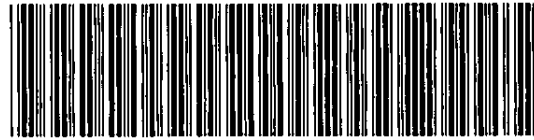
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 SEP 25 P 5:51
SECRETARY OF STATE
TAMMSESS, FLORIDA

SEP 28 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2015

SUSUE D'LEON
4201 N. FEDERAL HIGHWAY, SUITE E
POMPANO BEACH, FL 33064

SUBJECT: PREMIER TOUCH SPA LLC
Ref. Number: L15000113978

We have received your document for PREMIER TOUCH SPA LLC and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 315A00016469

25 SEP 2015 PM 4 L

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER TOUCH 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:

SUSIE D'LEON

Name of Person

D'LEON INC

Firm/Company

4201 N FEDERAL HWY SUITE E

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

SUSIE@DLEON.COM

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

For further information concerning this matter, please call:

SUSIE D'LEON

954 6529475
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**

PREMIER TOUCH 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 JULY 15TH, 2015 and assigned
Florida document number L15000113978.

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

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	RAFAEL A OLIVERA SILVA	20900 NE 30TH AVE SUITE 307	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE
TALLAHASSEE, FLORIDA

[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 September 25th 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2011 SEP 28 PM 5:57
CLERK OF STATE
TALLAHASSEE, FLORIDA