

L16000004439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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800313753818

05/24/18--01008--052 **25.00

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18 JUN 8 PM 2:24
800313753818

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SACRED Alchemy Healing SPA, 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:

Michelle Ithier L16 00000 4439
Name of Person

SACRED Alchemy Healing SPA LLC
Firm/Company

25 Broadway, ~~THIR~~
Address

Kissimmee, FL 34741
City/State and Zip Code

SACRED Alchemy healing SPA@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Ithier at (407) 552-8061
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SACRED Alchemy Healing SPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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18 JUL 8 PM 2:24
CLERK OF DISTRICT COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/06/2016 and assigned
Florida document number L16000004439

This amendment is submitted to amend the following:

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

SACRED Apothecary LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

25 Broadway
Kissimmee, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~25 Broadway~~ 25 Broadway
Kissimmee, FL 34741

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: N/A

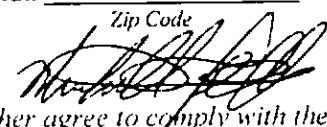
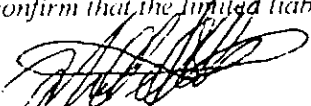
Name of New Registered Agent:

New Registered Office Address:

25 Broadway
Enter Florida street address
Kissimmee, Florida FL 34741
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.


 (same agent)

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>
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<u>MGR</u>	<u>Ithier, Caridad</u>	<u>529 Milano Rd</u>	<input type="checkbox"/> Add
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		<u>Kissimmee, FL 34758</u>	<input checked="" type="checkbox"/> Remove
--	--	----------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

<u>MGR</u>	<u>Ithier, Mercedes Inez</u>	<u>25 Broadway</u>	<input type="checkbox"/> Add
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		<u>Kissimmee, FL 34741</u>	<input checked="" type="checkbox"/> Remove
--	--	----------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

<u>MGR</u>	<u>Nayak, Brenda, Dr.</u>	<u>6706 Ambassador Dr.</u>	<input type="checkbox"/> Add
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		<u>Orlando, FL 32818</u>	<input checked="" type="checkbox"/> Remove
--	--	--------------------------	--

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SACRED Alchemy Healing SPA LLC (change)

SACRED Apothecary LLC (NEW name)

change:

Mailing Address for Register agent:

529 Milano Rd

Kissimmee, FL 34758

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JUN 8 PM 2:26
18

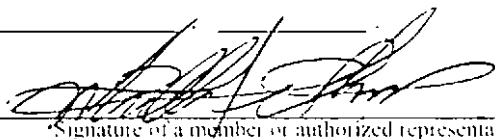
E. Effective date, if other than the date of filing: 5/21/18 (optional)

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

Dated _____



Signature of a member or authorized representative of a member

Michelle Ithier

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2018

SACRED ALCHEMY HEALING SPA LLC
MICHELLE ITHIER
25 BROADWAY
KISSIMMEE, FL 34741

SUBJECT: SACRED ALCHEMY HEALING SPA LLC
Ref. Number: L16000004439

We have received your document for SACRED ALCHEMY HEALING SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience. Please fill in the hi-lited areas.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00011034

RECEIVED
2018 JUN -8 AM 9:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL