

L1600007966

Florida Department of State
Division of Corporations
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Division of Corporations
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360 BEAUTY SPA LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 360 BEAUTY 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:

MAURICIO P. ITRI

Name of Person

360 BEAUTY SPA, LLC

Firm/Company

5463 LYONS RD, SUITE H

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

YOURTAX@THESMARTTAX.COM

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

For further information concerning this matter, please call:

FERNANDA LOLA

954 782 3610

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

(11 H16000 244618 311)

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

360 BEUTY 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 01/12/2016 and assigned
Florida document number L16000007966.

This amendment is submitted to amend the following:

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

BIOVITA SKIN CARE, LLC.

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)

5463 LYONS RD

SUITE H

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5463 LYONS RD

SUITE H

COCONUT CREEK, FL 33073

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

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. 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

((111168000274618311))

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>
AMBR	JOSE ITRI	5463 LYONS RD - SUITE H	<input checked="" type="checkbox"/> Add
		5463 LYONS RD,	<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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			<input type="checkbox"/> Change

10 OCT 3 AM 9:30
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