

L160000040424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JUN 10 P 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUN 13 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: + Essence of You The Aesthetic Medical 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:

Marlene Valladares

Name of Person

Essence of You MedSpa LLC

Firm/Company

12731 SW 17 Ct.

Address

Miramar, FL 33027

City/State and Zip Code

eoymedspa@gmail.com

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

For further information concerning this matter, please call:

Marlene Valladares

786

564-3175

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

**TO
ARTICLES OF ORGANIZATION
OF**

Essence of You The Aesthetic Medical 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 4-1-2016 and assigned
Florida document number L16000040424.

This amendment is submitted to amend the following:

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

Essence of You MedSpa 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

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	RAMON ARCE	12731 SW 17 Ct.	<input type="checkbox"/> Add
		Miramar, Fl 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marlene Valladares	12731 SW 17 Ct.	<input checked="" type="checkbox"/> Add
		Miramar Fl 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marlene Valladares	12731 SW 17 Ct.	<input checked="" type="checkbox"/> Add
		Miramar, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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I Ramon Arce am removing myself from the position of MGR and would like to be replaced with

Marlene Valladares as MGR and AMBR.



Ramon Arce June 7, 2016

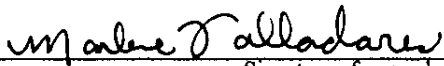
E. Effective date, if other than the date of filing: _____ (optional)

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

Dated June 7, 2016



Signature of a member or authorized representative of a member

Marlene Valladares

Typed or printed name of signee

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