

L160000049875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

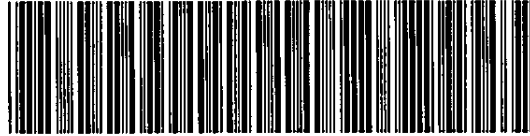
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300286556673

06/08/16--01023--006 \*\*25.00

16 JUN -8 AM 8:09  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rafflexions Day 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:

Fior Carty

Name of Person

Rafflexions Day Spa LLC

Firm/Company

94 East McNab Rd.

Address

Pompano Beach FL 33060

City/State and Zip Code

rafflexionsdayspa@gmail.com

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

For further information concerning this matter, please call:

Fior Carty

Name of Person

at (786) 4163195

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**

RAFFLEXIONS DAY SPA

(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 3/10/2016 and assigned  
Florida document number L16000049875.

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:

FIOR D CARTY

New Registered Office Address:

94 EAST MCNAB RD

Enter Florida street address

POMPANO

City

, Florida

33060

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**

**It 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	FIOR D CARTY	94 EAST MCNAB RD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEPH J CARELA CARTY	94 EAST MCNAB RD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33060	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FIOR D CARTY	94 EAST MCNAB RD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33060	<input type="checkbox"/> Remove
			<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

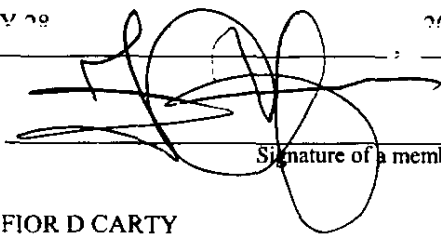
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 JUN - 8 AM 8:03  
RECEIVED  
STATE OF NEW YORK  
DEPARTMENT OF STATE

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:  
(a) the 90th day after the record is filed.

Dated MAY 08 2016



Signature of a member or authorized representative of a member

FIOR D CARTY

Typed or printed name of signee