# 1600049875

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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Raffle Kions day Spa 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
Bafflexims day spar
94 East McNab Rd.
Pompano Beach Fl. 33060 City/State and Zip Code
Vafflexions days pa egimail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 4163195  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  S30.00 Filing Fee & □ S55.00 Filing Fee & □ S60.00 Filing Fee, Certificate of Status  Certified Copy  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

Same of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number 4 4600049875 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.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: pano Beach Florida 33060

### 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>	Name	Address	Type of Action
AMBR	FIOR CARRY	94 East McNab Rd Pompano Beach H=	🗗 Āda
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	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied 90th day after the record is filed.	r of:
Pated _	Signature of a member or authorized representative of a member	
	Signature of a member-of authorized representative of a member	
	tor CARTY	

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Filing Fee: \$25.00