

L160000 51430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

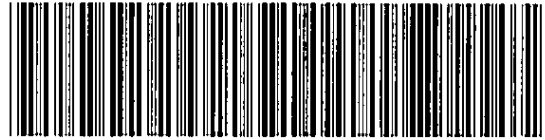
(Business Entity Name)

(Document Number)

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

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Y SULKER

AUG 12 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2019

SERENDIPITY WELLNESS SPA LLC  
4930 PARK BLVD N SUITE 7  
PINALLES PARK, FL 33781

SUBJECT: SERENDIPITY WELLNESS SPA LLC  
Ref. Number: L16000051430

We have received your document for SERENDIPITY WELLNESS SPA LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 619A00014886

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Serendipity Wellness 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:

Richard Haschke  
Name of Person

Serendipity Wellness Spa  
Firm/Company

4930 Park Blvd. N., Suite #7  
Address

Pinellas Park, FL, 33781  
City, State, and Zip Code

email@serendipitywellnessspa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Haschke at 727 743-9533  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
2601 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Serendipity Wellness 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 3/14/2016 and assigned  
Florida document number L16000051430

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 "LLC."

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:

Richard Haschke

New Registered Office Address:

4930 Park Blvd. N., Suite #7

Enter Florida street address

Pinellas Park

City

Florida

33781

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

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>
MGR	Jeffrey A. Augustine	995 Live Oak Ter. NE	<input type="checkbox"/> Add
		St. Petersburg, FL	<input checked="" type="checkbox"/> Remove
		33703	<input type="checkbox"/> Change
MGR	Noel E. Thompson	8221 Vassar Circle	<input checked="" type="checkbox"/> Add
		Tampa, FL	<input type="checkbox"/> Remove
		33634	<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"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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).

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

Dated August 5 2019

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Richard Haschke

Typed or printed name of signee