

L160000085492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 OCT 19 PM 3:14
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

K. SALY
OCT 19 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

BODHI AESTHETICS & WELLNESS, LLC
AUTUMN N NORTON
5324 STARBOARD ST. #103
ORLANDO, FL 32814

SUBJECT: BODHI AESTHETICS & WELLNESS, LLC
Ref. Number: L16000085492

RECEIVED
2011 OCT 19 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BODHI AESTHETICS & WELLNESS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00021135

*Signed as per
request.
Thanks*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BODHI Aesthetics & Wellness, 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:

Autumn N. Norton

Name of Person

BODHI Aesthetics & Wellness, LLC

Firm/Company

5324 Starboard St. Unit 103

Address

Orlando, FL 32814

City/State and Zip Code

bodhiaesthetics@gmail.com

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

For further information concerning this matter, please call:

Autumn Norton

Name of Person

at (407)

Area Code

697-7247

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)

PD

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**

Bodhi Aesthetics & Wellness, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/28/16 and assigned

Florida document number L16000085492

This amendment is submitted to amend the following:

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

No Change

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)

No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No Change.

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:

Autumn N. Norton, Owner/CEO

New Registered Office Address:

5324 Starboard St. #103

Enter Florida street address

Orlando

City

Florida

32814

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>
AMBR	Autumn N. Norton	5324 Starboard St #103	<input checked="" type="checkbox"/> Add
		Orlando FL 32814	<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

FILED
OCT 16 10 09 AM
U.S. DEPT. OF JUSTICE
FBI - TAMPA

2016 OCT 19 PM 3:04
DIVISION OF PROBATION
CALIFORNIA


2016 OCT 19 PM 3:14
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GALLERIES

(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)

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.

10/11, 2016



Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Autumn N. Norton

Typed or printed name of signee