

L16000107339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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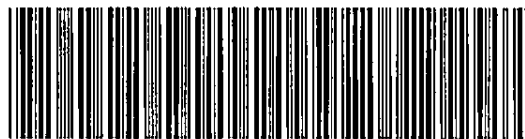
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
10/27/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medspa Destin, 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:

Damon Becnel  
Name of Person

Medspa Destin  
Firm/Company

15000 Emerald Coast PKwy  
Address

Destin FL. 32541  
City/State and Zip Code

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

For further information concerning this matter, please call:

Angelia Rodriguez at (850) 337-5174  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Medspa Destin, 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 June 2, 2016 and assigned Florida document number L16000107339

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:

Angelia Rodriguez

New Registered Office Address:

15000 Emerald Coast Pkwy

Enter Florida street address

Destin

City

Florida

32541

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.*

Angelia Rodriguez

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	Angel Barber	400 Audubon Drive	<input type="checkbox"/> Add
		Miramar Beach Fl	<input checked="" type="checkbox"/> Remove
		32550	
			<input type="checkbox"/> Change
AMBR	Damon Becnel	15000 Emerald Coast	<input checked="" type="checkbox"/> Add
		Destin Fl 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated

Angelia Rodriguez  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Angelia Rodriguez  
Typed or printed name of signee

Typed or printed name of signee

FILED  
17 OCT 26 AM 1:34  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA