

LA 000172390

(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



000292325840

11/17/16--01006--014 **25.00

FILED
2016 NOV 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spa Belizima 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:

Ann Marie Harris
Name of Person

Firm/Company

3803 Shore Side Cir
Address

Tampa FL 33624
City/State and Zip Code

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

For further information concerning this matter, please call:

Ann Marie Harris at (813) 895 9487
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 63271
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

Spa Belizima LLC

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

FILED
2016 NOV 17 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/9/16 and assigned

Florida document number L16000172390

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)

310 South Dale Mabry Hwy
Suite 220
Tampa FL 33609

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:

Ann-Marie Harris

New Registered Office Address:

310 South Dale Mabry Hwy, Suite 220

Enter Florida street address

Tampa

City

Florida

33609

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.

Ann-Marie Harris

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	Ann-Marie Harris	310 South Dale Mabry Hwy	<input type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Tampa FL 33609	<input checked="" type="checkbox"/> Change
MGR	Maria Mallari	310 South Dale Mabry Hwy	<input type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Tampa FL 33609	<input checked="" type="checkbox"/> Change
MGR	Ester Anderson	310 South Dale Mabry Hwy	<input checked="" type="checkbox"/> Add
		Suite 220	<input type="checkbox"/> Remove
		Tampa FL 33609	<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

FILED
2016 NOV 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2016 NOV 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

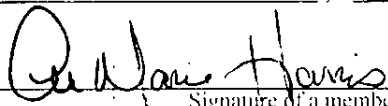
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

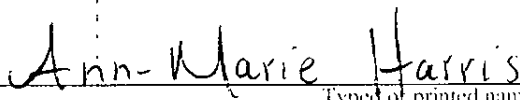
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee