

L16000172390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

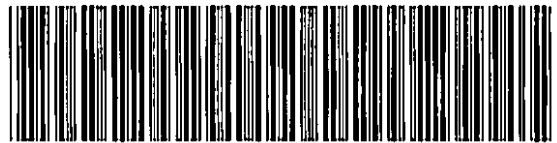
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/27/18--01018--020 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 19 10:41

FILED

D. SCOTT
DEC 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

ANN-MARIE HARRIS
7603 GUNN HWY SUITE D
TAMPA, FL 33625

SUBJECT: SPA BELIZIMA LLC
Ref. Number: L16000172390

We have received your document for SPA BELIZIMA LLC and your check(s) totaling \$43.75. 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00022947

FILED

2018 DEC 19 @ 10:41
TAMPA, FLORIDA
DIVISION OF CORPORATIONS

2018 DEC 13 1:12:39

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

SPA BELIZIMA

(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 9/19/16 and assigned
Florida document number 116000172390.

This amendment is submitted to amend the following:

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

-----N/A-----
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:

New Registered Office Address:

Enter Florida street address

-----N/A-----

Florida

City

-----N/A-----
A-Zipcode

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.

-----N/A-----
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	MARIA MALLARI	7603 GUNN HWY	<input type="checkbox"/> Add
		SUITE D	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33625	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2010 DEC 1
 TALLAHASSEE, FL 32304
 FILED
 11:11 AM

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

N/A
N/A
N/A
N/A
N/A
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2018 DEC 14 9 10 AM
ALABAMA DEPT. OF REVENUE

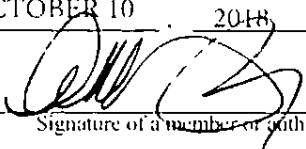
E. Effective date, if other than the date of filing: _____ (optional)

(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 OCTOBER 10, 2018



Signature of a member or authorized representative of a member

ANN-MARIE HARRIS

Typed or printed name of signee