

L16000223593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 MAR 20 A 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imana SPA & WELLNESS CENTER 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:

Maria del Pilar Arango

Name of Person

Pure Harmony SPA & WELLNESS, LLC

Firm/Company

9941 PORTA LEONA LN

Address

BOYNTON BEACH, FL 33472

City/State and Zip Code

PHSPAWEILLNESS@GMAIL.COM

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

For further information concerning this matter, please call:

MARIO DEL PILAR ARANGO

Name of Person

at (561) 6990582

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**

Imang SPA & WELLNESS CENTER 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 12-09-2016 and assigned
Florida document number L16000223593

This amendment is submitted to amend the following:

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

PURE HARMONY SPA & WELLNESS, LLC

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

, Florida

City

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

FILED
DECEMBER 20 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

FILED
Change
Add
Remove
Change
SECRETARY OF STATE
TAMPA, FLORIDA

[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)

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 MARCH 15th, 2017

Mariadel Perazanga

Signature of a member or authorized representative of a member

MARIA DEL PILAR ARANGO

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE
TAMM, OT. FLORIDA

2017-10-10 11:28

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