L17000005683

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2019 DEC - 2 PH 4: 46

C. GOLDEN

JAN - 9 2020

COVER LETTER

TO:

Registration Section.
Division of Corporations

SUBJECT: '	Hush S	pa LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		David Sims	
		Name of Person	
		Hush Spa LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2219 Wilton Dr	
		Address	
	Wilto	on Manors, FL 33305	
		City/State and Zip Code	
		ns.lmt@gmail.com	
	E-mail address: (to be used for future annual rep	ort notification)
For further information c	oncerning this matter, please c	all:	
Dav	id Sims	at ()	966-9106
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclose	Certificate of Status &
Mailing Addres Registration S		Street Addi Renistrati	
Division of C		-	on Section of Corporations
P.O. Box 632			e of Tallahassee
Tallahassee, FL 32314		2415 N. N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Husi	h Spa LLC	2015	DEC -2 PH 4:46
	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL1700005683	Company were filed on	01/10/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the o	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	ORESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		 -	
3. If amending the registered agent and/or register igent and/or the new registered office address here		ecords, enter the nar	ne of the new registered
Name of New Registered Agent:	David Sims		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Flo	rida street address	
	City	Florida	Zin Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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>	Address	Type of Action
MGR	David Sims	2219 Wilton Dr	⊡Add
		Wilton Manors, FL 33305	□Remove
			□Change
MGR	Juan Melecio Davila	2219 Wilton Dr	□Add
		Wilton Manors, FL 33305	Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	eding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	11/24/2019 DS.
	Signature of a member or authorized representative of a member
	David Sims
	Typed or printed name of signee

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Filing Fee: \$25.00