

L 17000093709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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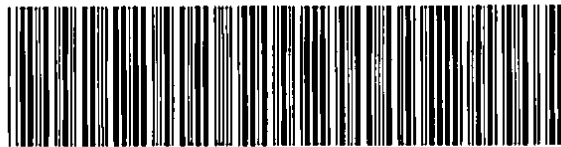
(Business Entity Name)

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/26/20

NAME: BEST SPA TRENDS, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File Second **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST SPA TRENDS, 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:

BRENDA SANCHEZ
Name of Person

BEST SPA TRENDS, LLC.
Firm/Company

1550 MONTE CARLO CT
Address

WENRITT ISLAND / FL 132952
City/State and Zip Code

ADMIN @ RESURGENDZ.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA SANCHEZ at (321) 424-0202
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

BEST SPA TRENDS, 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 4-27-2017 and assigned
Florida document number L17000093709.

This amendment is submitted to amend the following:

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

RESURGED NZ, 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

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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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 26, 2020.

Brenda J. Sanchez
Signature of a member or authorized representative of a member

BRENDA SANCHEZ
Typed or printed name of signee

Filing Fee: \$25.00

Best Spa Trends, LLC.

1550 Monte Carlo Court

Merritt Island, FL 32952

October 26, 2020

To Whom it May Concern,

The name of my company is Best Spa Trends, LLC. The EIN is 82-1479552 and the document number is L17000093709. I made an error and changed the name of another company I own, Strawberry Laser Lipo, LLC (L16000166885) to Resurgeonz, LLC. This was an error as I meant to change Best Spa Trends, LLC to Resurgeonz, LLC. The correct information should be the following.

Best Spa Trends, LLC should be changed to Resurgeonz, LLC.

Strawberry Laser Lipo of Brevard, LLC should remain unchanged.

For any questions please call my cell 321-424-0202.

A handwritten signature in black ink, appearing to read "Brenda Sanchez". The signature is fluid and cursive, with the first name "Brenda" and last name "Sanchez" clearly distinguishable.

Brenda Sanchez-President

Best Spa Trends, LLC.