L17000149386

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(City/State/Zip/Phone #)
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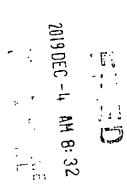
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COVER LETTER

TO: Registration Section Division of Corporati	ons		
SUBJECT: Sub		na Treatme	vits_
The enclosed Articles of Amen	dment and fee(s) are subr	mitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
-	<u> </u>	OLIA LICUR	251
	Su	Name of Person	Treatments
_	26527	Robin Wa	٨
	Bonita Sublime E-mail address: (1	a Springs F City/State and Zip Code 25 Datveatmer to be used for future annual report notif	ts@gmail.com
For further information concern			
Julia Lic Name of Perso			- 9980 Telephone Number
Enclosed is a check for the following	owing 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sublime Spa	Treatments L.C.
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000149386</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	8: 32
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	24880 S. Tamiami Trail Bonita Springs, FL 34134
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cin: 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

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

Title	Name	Address	Type of Action
MGR	LICURSI, Glenn Eugene		□ Add
		26521 Robin Way Bonita Springs FL. 34135	PA-Remove
			Change
MGR	Gazale Mariam Ibrahim	10168 Via Colomba Civ	<u>C.</u> <mark>⊅</mark> Add
		Fort Myers, FL 33966	Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			Change

D. II ar	nending any other inf	tormation, enter change	e(s) here: <i>(Attach add</i>	litional sheets, if necessary.,)
					
			 		
					
					
			-		
			<u> </u>		- +1
					
		<u> </u>			
E. Effec	tive date, if other tha	n the date of filing:		(optional)	
(If an e Note:	flective date is listed, the da If the date inserted in t	ite must be specific and cannot	be prior to date of filing or applicable statutory fire	more than 90 days after filing.) Ping requirements, this date wi	ursuant to 605.0207 (3)(b ll not be listed as the
If the re (b) The	ecord specifies a del e 90th day after the	layed effective date, t e record is filed.	out not an effective	time, at 12:01 a.m. on	the earlier of:
Dated	1 Decembe	2	019.		,
		Signature of a member	curses		
		/ Signature of a member	or authorized representati	ve of a member	•

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Typed or printed name of signee

Filing Fee: \$25.00