W7000201683

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



10/05/20--01017--008 **35.00

S Tal TNT DEC 11 LU20

2020 DEC -7 PH 2: 5%

Kmy



November 13, 2020

ROGER BOYNES SALYBIA SPA FLORIDA LLC 18 GOODRICH AVE SARASOTA, FL 34236

SUBJECT: SALYBIA SPA FLORIDA LLC

Ref. Number: L17000201683

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED ARTICLES OF AMENDMENT FOR CLARIFICATION OF THE SUBMISSION AND RESUBMIT.

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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 120A00022722

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Saly bia Spa Florida Luc 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:
Ruger J. Boynes
Salybia Spa Florida LLC Firm/Company
18 Goodrich Ave.
Sarasota FL 34236 City/State and Zip Code
E-mail addiess: (to be used for fluire annual report notification)
For further information concerning this matter, please call:
Roger 5, Boynes at 941 348-3745 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address: Parietystion Section

and the second second

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Salybiasp	d Liability Company as it now app A Florida Limited Liability Company	C	
(Name of the Limite	d Linbility Company as it now app A Florida Limited Liability Compan	pears on our records.) ny)	
The Articles of Organization for this Limited Lia		9/28/2017 an	nd assigned
This amendment is submitted to amend the folio	owing:		
A. If amending name, enter the new name of	the limited liability company	y here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "I.I.C" or the abbreviati	ion "LLC."
Enter new principal offices address, if applica			
(Principal office address MUST BE A STREE	T ADDRESS)		- PE
			1
Enter new mailing address, if applicable:			- P :
(Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on ou ss here:	ir records, <u>enter the name of t</u>	ne new registered
Name of New Registered Agent:	Roger J. Buy	<u>res</u>	
New Registered Office Address:	160 Paramou	HD. APT. 216 Florida street address	
	Sarasota	, Florida <u>34</u> 	Q3Q 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	<u>Name</u>	Address	Type of Action
MGR	Rivger J. Boynes	160 Paramount Dr. Apt 31	<u>62</u> 13Add
	,	Sarasota FL 34232	l !Remove
			Change
			i. lAdd
			[]Remove
			Ll Change
			□Add
			□Remove
			Change
<u> </u>			L}Add
			□Remove
			UChange
			ElAdd
			I lRemove
			☐ Change
			bbAC.
			(]Remove
			□Change

	ng any other inform					
	• •					
·						
					<u> </u>	
						·
						·
		<u> </u>				
·						
		<u> </u>				
			<u> </u>	 		
Note: If	date, if other than the date is listed, the date the date inserted in this t's effective date on the	s block does not m	cet the applicabl	date of filing or more e statutory filing re	(options) than 90 days after filit quirements, this da	l) ng.) Pursuant to 605.0207 (te will not be listed as t
he record ord is file	specifies a delayed effe !.	ctive date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated	Noveml	ner 24th	2020			
		Signature of a r	nember or authoriz	red representative of	n member	

Filing Fee: \$25.00