L17000240821

(Re	equestor's Name)	
(Ac	ldress)	
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(Cı	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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ACCOUNT NO. : I2000000195 REFERENCE : 049106 / 7304793 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: November 13, 2019 ORDER TIME : 1:28 PM ORDER NO. : 049106-005 CUSTOMER NO: 7304793 DOMESTIC AMENDMENT FILING NAME: ONE SPA WORLD LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Se Division of Co			
		One Spa	World LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Elena Pisano		
			Name of Person	
		Steiner Management Servi	ices, LLC	
			Firm/Company	
		770 S. Dixie Highway, Ste	2. 200	
			Address	·
		Coral Gables, FL 33146		
	•		City/State and Zip Code	
		elenap@steinerleisure.com		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please co	all:	
Elena	Pisano		305 358 9002 at()	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
≘ \$ 2.	5.00 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

TO:

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

ONE SPA WORLD LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed on 11.21.2017 Florida document number L17000240821		i
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	nny here:	
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "L.L.C." or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		<u>:</u>
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
·	-	-
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 here: Name of New Registered Agent:	ss on our records, enter the name of th	ie nev
	_3330,0333	
New Registered Office Address: Ent	er 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

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>	<u>Address</u>	Type of Action
Manager:	Marc Magliacano	770 S. Dixic Highway, Stc. 200	D Add
and Sec.		Coral Gables, FL 33146	■ Remove
			☐ Change
			Remove:
			□ Change □ □ □ Add □ □ □ □ Add □ □ □ □ □ □ □ □ □
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n effective d ote: If the	te, if other than the date late is listed, the date must be sp date inserted in this block do ffective date on the Departm	ecific and cannot be prior es not meet the applic	able statutory filing	(option ore than 90 days after fi g requirements, this d	ling.) Pursuant to 605.02
	pecifies a delayed effe day after the record is		t an effective t	ime, at 12:01 a.ı	${f n}.$ on the earlier
ted	November 12	2019			
					
	Signat	ure of a member or auth	arized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00