# 18000025060

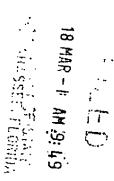
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO:		tration Secton of Corpo				
CUB	1000	PRESID	ENTIAL CONTOUR DAY S	SPA "LIMITED LIABILIT	TY COMPANY"	
SUB	JECT: _	<del></del>	Name of Limi	ted Liability Company		
The e	enclosed /	Articles of A	mendment and fee(s) are subr	mitted for filing.		
Pleas	e return a	ll correspon	dence concerning this matter t	to the following:		
			1.	ATARSHA R HOPKINS		
			<del></del>	Name of Person		
			PRESIDENTIAL CONTO	UR DAY SPA "LIMITED	LIABILITY COMPANY"	
Firm/Company						
1350 NE 50TH COURT						
Address						
			FO	RT LAUDERDALE, FL.	33334	
				City/State and Zip Code		
				SHA_KELLY@HOTMAI  o be used for future annual re		
For f	urther info	ormation cor	ncerning this matter, please ca		epon avaneation	
		LATARS	HA R HOPKINS	561	676-1331	
		Name of I	<sup>o</sup> erson	at () Area Code	Daytime Telephone Number	
Encl	osed is a c	heck for the	following amount:			
<b>■</b> \$	325.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status	

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 Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	_	
The Articles of Organization for this Limited Liability Company were filed onJANI Florida document numberL18000025060	UARY 29, 2018	and assig	ined
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
PRESIDENTIAL CONTOUR DAY SPA "LLC"			
he new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbr	eviation "L.L.	C."
Enter new principal offices address, if applicable:			
A. If amending name, enter the new name of the limited liability company is PRESIDENTIAL CONTOUR DAY SPA "L. The new name must be distinguishable and contain the words "Limited Liability Company." the 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)			
Enter new mailing address if applicables			
		18 24 38	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		7 <u>8</u>	
Mailing address MAY BE A POST OFFICE BOX)		2 3 3 3 4 3 5 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6	f the
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our		A D	
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our		A A	f the
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our		A D	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our egistered agent and/or the new registered office address here:  Name of New Registered Agent:		A A	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our egistered agent and/or the new registered office address here:	r records, enter the	A A	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	r records, enter the	A A	

## 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>	Address	Type of Action
MGR	LATARSHA R HOPKINS	1350 NE 50TH COURT	
		FORT LAUDERDALE, FL. 33334	■ Remove
			Change
AMBR	LATARSHA R HOPKINS	1350 NE 50TH COURT	■ Add
		FORT LAUDERDALE, FL. 33334	☐ Remove
			Change
AMBR	LASHUNDA FULLER	1350 NE 50TH COURT	
		FORT LAUDERDALE, FL. 33334	■ Remove
		<del> </del>	Change
<u> </u>			Remove
			CONT.
			☐ Remove
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Filing Fee: \$25.00