

118000072515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

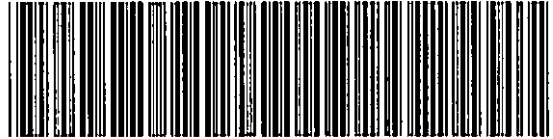
(Document Number)

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2021 DEC -3 PM 6:41
FALLS CHURCH, VA

D PRUCE
DEC 15 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2021

ROSELYN N. CARPIO
14645 SHOTGUN RD
DAVIE, FL 33325

SUBJECT: HOLOS GREEN SPA, LLC.
Ref. Number: L18000072515

We have received your document for HOLOS GREEN SPA, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 021A00030049.

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ENCLOSURE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holos Green Spa, 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:

Roselyn N. Carpio
Name of Person

Firm/Company

14645 Shotgun Rd
Address

Davie, Florida, 33325
City/State and Zip Code

roselyncarpio@gmail.com / gerardocetrulo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roselyn Carpio at (754) 234-5876
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

TALLAHASSEE, FL

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REC-1077

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

Holos Green Spa, 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 March 21, 2018 and assigned
Florida document number L18000072515.

This amendment is submitted to amend the following:

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

Revitacut Home Spa, 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:

15908 W. State Road 84, Sunrise, FL 33326-1233

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

14645 Shotgun Rd. Davie, Florida, 33325

(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

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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611 610

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1000

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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 December, 14, 2021

Rosalyn N. Carpio
Signature of a member or authorized

Signature of a member or authorized representative of a member

Roselyn N. Carpio

Typed or printed name of signee

Filing Fee: \$25.00