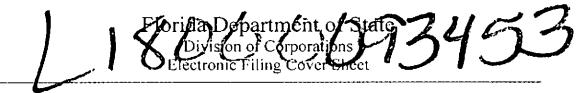
To: 18506176381 From: 14694451465 Date: 07/24/18 Time: 12:08 PM Page: 01/04

7/24/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000213349 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLASSIC VANTAGE SPA & WELLNESS, LLC

Certificate of Status 0 Certified Copy Page Count 03

Electronic Filing Menu Corporate Filing Menu

Help

\$25.00

To: 18506176381 From: 14694451465 Date: 07/24/18 Time: 12:08 PM Page: 02/04

(((H180002133493)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TVANTAGE SPA & WELLNESS, L		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
he Articles of Organization for this Limited I lorida document number L18000093453	Liability Company were filed on $\frac{A}{A}$	PRIL 13TH 2018 and assigned	
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company h	ere:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STRE	ET ADDRESS)		
		mo m	
		FLO PELO	
nter new mailing address, if applicable:		2: 3 0RID	
ailing address MAY BE A POST OFFICE	<u> </u>	^ <u> </u>	
If amending the registered agent and <u>gistered agent and/or the new registered or</u>		n our records, enter the name of the t	
Name of New Registered Agent:	EDWARD K. BENNETT		
New Registered Office Address:	20640 SW 132ND AVENUE		
	Enter Flo	rida street vikiress	
	MIAME	, Florida <sup>33177</sup>	
	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

To: 18506176381 From: 14694451465 Date: 07/24/18 Time: 12:08 PM Page: 03/04 (((H180002133493)))

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>	Name	Address	Type of Action
MGR	EDWARD K. BENNETT	20640 SW 132ND AVENUE	
		MIAMI, FL 33177	□ Remove
			□ Change
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			Stemove T
			CORELLAND Add P
			21 Add PH 39 Change
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To: 18506176381 From: 14694451465 Date: 07/24/18 Time: 12:08 PM Page: 04/04

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(If an effective Note: If th	e date is listed, the date must be st	oes not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605,0207 (3 ing requirements, this date will not be listed as the
	specifies a delayed effe th day after the record i		time, at 12:01 a.m. on the earlier of:
Dated	JULY 13TH	2018	
	, 10		
-	Sign	ture of a member of authorized representative	ve of a member
		MERCEDES ZULUETA	

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