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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2021

BOJAN ZDRAVKOVIC 12652 TAMIAMI TRAIL E STE 207 NAPLES, FL 34113

SUBJECT: ALPHA MEN'S SPA, LLC

Ref. Number: L18000116718

We have received your document for ALPHA MEN'S SPA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 321A00023070

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bojan Zdravkovic		
		Name of Person	
	Alpha Men's Spa. LLC		
		Firm/Company	
	12652 Tamiami Trad E. S	uite 207	
		Address	
	Naples, Fl. 34113		
		City/State and Zip Code	
	zdravkoborac@yahoo.com		
	E-mail address: (to be used for future annual report not	ification)
for further information c	oncerning this matter, please c	all:	
Bojan Zdravkovic		239 216-6857	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 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 radditional copy is enclosed
Mailing Addres		Street Address:	petion
Registration ! Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee.	FL 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Men's Spa. LLC

21 1 (11 -0 17) 1:21

(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 Compa	iny were filed on <u>8/25/2021</u>	and assigned		
Florida document number L18000116718				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designati	ion "LLC" or the abbreviation "L.L.C."		
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)				
	-			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	s, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		
		, Florida		
	,	Zip Code		
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my di is provided for in Chapte	tties, and I am familiar with and er 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 177 - 5 PM 1: 25	<u>Fype of Action</u>
AMBR	Bojan Zdravkovic	209 South Heathwood Drive, Marco Island, Fl. 34145	_ □Add
			_ □Remove
			_ ≡ Change
AMBR	Miljana Todorovic	209 South Heathwood Drive, Marco Island,Fl 34145	_ □Add
			_ ≘ Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
		 	_ □Remove
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			_ □Add
			_ □Remove
			□ Change

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ffective date, if other than the date of an effective date is listed, the date must be speci tote: If the date inserted in this block does ocument's effective date on the Department	filing:
record specifies a delayed effective date, bd is filed.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	•
Dated	•
Dated	75 . UM

Filing Fee: \$25.00