1190000 26579

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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When a contractor in the section is the above



June 11, 2020

BERNADINE CLARKE, APRN 13005 SOUTHERN BLVD STE 213 LOXAHATCHEE, FL 33470

SUBJECT: JEUNE & BELLE MED SPA, LLC

Ref. Number: L19000026579

We have received your document for JEUNE & BELLE MED 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):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Shelia H Young Regulatory Specialist II

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Letter Number: 120A00011600

	Registration Se Division of Cor			
SHD JEZ	JEUNE & F	BELLE MED SPA, LLC		
SUBJEC		Name of Lin	nited Liability Company	
The encle	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		BERNADINE CLARKE.	APRN	
			Name of Person	
		JEUNE & BELLE MEDIO	CAL CENTER AND SPA	
			Firm/Company	
		13005 SOUTHERN BLVI), SUITE 213	
			Address	
		LOXAHATCHEE, FL 33	470	
			City/State and Zip Code	
		bernadineclarke37@gmail.c	com to be used for future annual report notif	
Eas firther	information so		·	ication)
		ncerning this matter, please c		
BERNAD!	INE CLARKE		561 254-7933 at () Area Code Daytime	: Telephone Number
	Name of	Person	Area Code Daytimo	: Telephone Number
nclosed is	a check for the	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 (additional copy is enclosed)
			~	
Ro Di	ailing Address: egistration So ivision of Co	ection rporations	Street Address: Registration Sec Division of Corp	porations
P.	O. Box 6327		The Centre of T	allahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEUNE & BELLE MED SPA, LLC

(Name of the Limit	ed Liability Comp: (A Florida Limited	iny as it now appears on or Liability Company)	ir records.)	7020
The Articles of Organization for this Limited Li Florida document number $\frac{1.19000026579}{1.19000026579}$	iability Company	were filed on $\frac{01/25/20}{}$	19 1	and assigned
This amendment is submitted to amend the follo	owing:		م مردد ري ۳ م ريد و مردد مردد مردد م	
A. If amending name, enter the new name of	the limited liab	ility company here:	1. The state of th	8
JEUNE & BELLE MEDICAL CENTER AND SPA	1 - Limi	ted Liabili	hy compa	nel
The new name must be distinguishable and contain the w				iation "L.L.C."
Enter new principal offices address, if applic <i>Principal office address MUST BE A STREE</i>		Sute #	Eouthern -123 Chee Fl	Bln:0 33.470
nter new mailing address, if applicable: **Tailing address MAY BE A POST OFFICE A	<u>BOX)</u>	8987 Bis	ale co	33411
f amending the registered agent and/or rut and/or the new registered office addres	egistered office ss here:	address on our record	s, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	Berna	du C	anke.	
New Registered Office Address:	8987	Broole	court	
	avell,	_:/	ret address , Florida	33414
		City	7.	!ip Code
Shaka and America's Commence of Commence				

istered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and violigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 4 to merely reflect a change in the registered office address. Thereby confirm that the limited liability has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			🗆 Add
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Factive dete	if other than the dat	to of filings		(opti	(mal)	
n effective date	is listed, the date must be	specific and cannot be p	rior to date of filing or	more than 90 days after	r filing.) Pursuant to 605.	
	e inserted in this block ctive date on the Depar			ing requirements, thi	s date will not be liste	d as the
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-/-	- Pina Cin Sign	nature of a member or a	uthorized representati	ve of a member		

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Filing Fee: \$25.00