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(R	equestor's Name)	
(À	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP		MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
d Copies	Certificates	of Status
al Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2019

SPORTY SPA WELLNESS, LLC

16400 W DIXIE HWY MIAMI, FL 33160

SUBJECT: SPORTY SPA WELLNESS, LLC Ref. Number: L19000080093

We have received your document for SPORTY SPA WELLNESS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 919A00022332

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

: Registration Section Division of Corporations

Sporty Spa Wellness, LLC
BJECT:

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

	Jacqueline Exceus		
	<u>_</u>	Name of Person	
	Sporty Spa Wellness		
		Firm/Company	
	16400 W. Dixie. Hwy #600	0256	
		Address	
	Miami, FL 33160		
		City/State and Zip Code	
	sportyspa@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
further information c	concerning this matter, please ca	all:	
queline Exceus		305 879-6738	
Name o	of Person		Telephone Number
closed is a check for t	he following amount:		
i \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	
Division of C	•	Division of Cor	
P.O. Box 632		The Centre of T	allahassee e Street, Suite 810
Tallahassee,	FL 32314	2415 IN. MORIO	e Sheet, Suite orv

Tallahassee, FL 32303

ARTICLES OF A	MENDMENT	
тс) .	
ARTICLES OF O	RGANIZATION	•
OF		
	2020 JUL 24 PH 1	2։ կկ
Sporty Spa Wellness, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
Articles of Organization for this Limited Liability Company v	were filed on	and assigned
ida document number		
s amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
er new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
	<u> </u>	<u> </u>
er new mailing address, if applicable:		. <u></u>
uling address MAY BE A POST OFFICE BOX	<u> </u>	
If amending the registered agent and/or registered office a	ddress on our records, <u>enter the</u>	name of the new registered
<u>nt and/or the new registered office address here</u> :		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code

v Registered Agent's Signature, if changing Registered Agent:

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

nending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> emoved from our records:

R = Manager BR = Authorized Member

2	<u>Name</u>	Address	Type of Action
	Claudette Derisma	PO Box 600256	🗆 Add
		Miami, FL 33160	■Remove
			Change
			🗆 Add
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			🗆 Remove
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			🗆 Remove
		<u> </u>	Change

f amending any of	ther information, enter chai	nge(s) here: <i>(Attacl</i>	h additional sheets,	if necessary.)
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or date, if other than the date of filing:	7/28/2019	, ,	ion al)

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 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

e 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 ord is filed.

ated	, 2020	
garca	ul Excens)	,
	Signature of a member or authorized representative of a member	
Jacqueline Execu	5	
	Typed or printed name of signee	