

L19000137632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

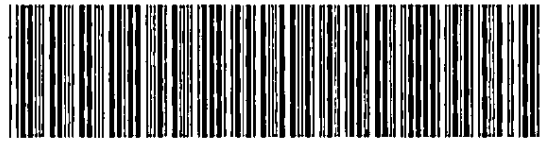
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NO \$

Office Use Only



000357856170

04/29/21--01003--003 \*\*25.00

2021 APR 29 AM 7:48

O SIMA

MAY 05 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2021

MARTHA BAKER  
14325 POWELL RD  
SPRING HILL, FL 34609

*Martha Baker*

SUBJECT: MAJESTIC MEDSPA LLC  
Ref. Number: L19000137632

We have received your document for MAJESTIC MEDSPA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

PLEASE CHECK IF YOU ARE ADDING, CHANGING OR REMOVING MEMBERS LISTED ON PAGE 2.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00003802

*Rec 3/29*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: majestic medspa 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:

Martha Baker  
Name of Person

majestic medspa LLC  
Firm/Company

14325 Powell Rd  
Address

Spring Hill, FL 34609  
City/State and Zip Code

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

For further information concerning this matter, please call:

Martha Baker at (352) 544 7002  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

Majestic medspa LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

Aug 7:48

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L19000137632

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

14325 Powell Rd  
Spring Hill, FL  
34609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14325 Powell Rd  
Spring Hill FL  
34609

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:

14325 Powell Rd  
Enter Florida street address  
Spring Hill Florida 34609  
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

23/1 MAR 29 AM 7:48

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

<u>MGR</u>	<u>Debbie Bennett</u>
------------	-----------------------

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

<u>AMBR</u>	<u>Wendy Baker</u>
-------------	--------------------

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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

2021 MAR 29 AM 7:40

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

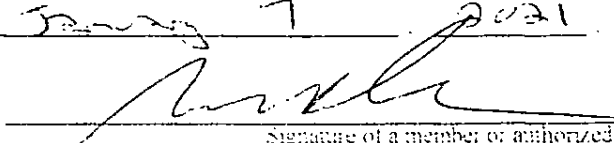
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

**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 January 7 2021



Signature of a member or authorized representative of a member

Masha Baker D.A.C.

Typed or printed name of signer

TO  
ARTICLES OF ORGANIZATION  
OF

Majestic medspa LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) JAN 29 AM 7:48

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L19000137632

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

14325 Powell Rd  
Spring Hill, FL  
34609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14325 Powell Rd  
Spring Hill FL  
34609

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:

14325 Powell Rd  
Enter Florida street address  
Spring Hill, Florida 34609  
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

2021 MAR 29 AM 7:19

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rudnick Bennett		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Martha Baker		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



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

2021 MAR 29 AM 7:49

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

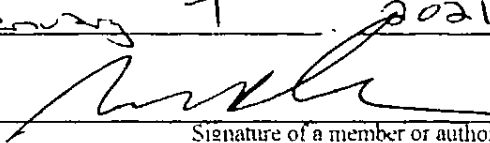
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

**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 January 7, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mark Baker PAC  
\_\_\_\_\_  
Typed or printed name of signee