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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

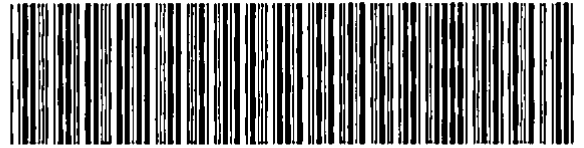
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE  
SEP 03 2019

2019 AUG 30 AM 11:41  
F. J. D.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2019

SAMA MAH FOMBU  
3061 SW 160 AVE #107  
MIRAMAR, FL 33027

SUBJECT: HEBE MED SPA LLC  
Ref. Number: L19000158576

2019 AUG 30 AM 11:45

RECEIVED

We have received your document for HEBE MED SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign limited liability company, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 119A00015891

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEBE MED SPA 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:

SAMA FOMBU  
Name of Person

Firm/Company

3394 SW 195<sup>th</sup> TER.  
Address

MIRAMAR FL 33029  
City/State and Zip Code

Cynthia.mah4@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sama Fombu at (754) 204-0952  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HEBE MED SPA LLC

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

2019 AUG 30 AM 11:41

The Articles of Organization for this Limited Liability Company were filed on 06/17/2019 and assigned Florida document number L19000158536.

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)

3061 SW 160th Ave Suite 107

MIRAMAR FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3061 SW 160th Ave Suite 107

MIRAMAR FL 33027

**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:

*Enter Florida street address*

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Sama Mah Fomdu</u>	<u></u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>FRANCOIS JIGUIMO</u>	<u></u>	<input checked="" type="checkbox"/> Add
	<u>3394 SW 195th TER</u>	<u></u>	<input type="checkbox"/> Remove
	<u>MIRAMAR FL 33029</u>	<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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(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)

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.

\_\_\_\_\_

Signature of the authorized representative \_\_\_\_\_

SAMA FOMBU

Typed or printed name of signee