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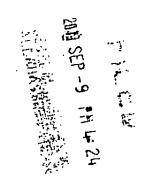
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	istration Sec ision of Corp			The state of the s
SUBJECT:	MCV LASE	R SPA LLC		
Sobober.		Name of Lim	ited Liability Company	
The enclosed	1 Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		MARIA VANESSA VIVA	S	
			Name of Person	<del>_</del>
		MVC LASER SPA LLC		
		940 BYRON CT		
			Address	
		SARASOTA, FLORIDA 3	4243	
		MVCLASERSPA@GMAIL		
E E 4 .	e .*	·	to be used for future annual report notific	cation)
		ncerning this matter, please co	all;	
MARIA VA	NESSA VIV	AS	407 450.8458 at ( )	
	Name of	Person		Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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)

MAILING ADDRESS:

TO:

**Registration Section** 

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**

ARTICLE	S OF ORGANIZAT:	ION
	OF	
		on our records.)  3/2019 and assigned.
MCV LASER SPA LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)
·	, , ,,	
he Articles of Organization for this Limited Liability	Company were filed on 08/1	3/2019 and assigned.
lorida document number L19000206733	·	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :
MVC LASER SPA LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the des	signation "LLC" or the abbreviation "L,L,C,"
inter new principal offices address if applicable		
Enter new principal offices address, if applicable:	<u></u>	
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
2271 321 011 102 2070		
	<del> </del>	
I If and the state of the state		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office adented.</li> </ol>	istered office address on (	our records, enter the name of the ne
egistered agent annot the new registered office and	aress here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
	City	Zip Code
iew Registered Agent's Signature, if changing Registere	•	•
· · · · · · · · · · · · · · · · · · ·		
tereby accept the appointment as registered agent		inacity. I further agree to comply with

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			Change
			Add
			□ Remove
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			□ Remove
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			🗖 Remove

☐ Change

Effective date, if other than the date of filing:  ((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  Note: 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.  The 90th day after the record is filed.  Dated  September 5,  2019  Signature of a member or authorized representative of a member  MARIA VANESSA VIVAS	_	
(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  Note: 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.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated  SEPTEMBER 5,  2019  Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	<b>D</b> • •	SEPTEMBER 5, 2019
	Dated	Marki B.
MARIA VANESSA VIVAS		Signature of a member or authorized representative of a member
THE STATE OF THE S		MARIA VANESSA VIVAS

Page 3 of 3

Filing Fee: \$25.00