## LZ0000 2300 78

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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FILED 2020 OCT 13 PH 2: 12

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FRESH FEELTING BEAUTY 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:
CAMEN G. SAMPOIL Name of Person
Fresit Feeling Beauty Spa UC Firm/Company
1/600 LAKE BIND. Address
New Port Richey, F-L 34655
New Port Richey, F-L 34655  City/State and Zip Code  CAPMEN Sampoil (a gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carmen G. Sampoll at (727) 853 5969  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$525.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fresh Feeling Beau-	ty Spa UC B
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZOOO 230078</u> .	were filed on 7/31/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	He Community with the designation of the Community of the
i he new name must be distinguishable and contain the words. Limited Liabi	
Enter new principal offices address, if applicable:	25973 US HWY 19
(Principal office address MUST BE A STREET ADDRESS)	25973 US HWY 19 Studio 125 Clearwater, FL 33763
	Clearwater, FL 33763
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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>	Name	Address	Type of Action
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ective date, if other effective date is listed, t te: If the date inserted ument's effective date	the date must be specified in this block does r	e and cannot be prior ( not meet the applica	o date of filing or n	nore than 90 days after	onal) filing.) Pursuant to 605.020 s date will not be listed a
s filed.					) The 90th day after the
ed October	9th	. 2020	- (1)		

Filing Fee: \$25.00