

L20 000 366524

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

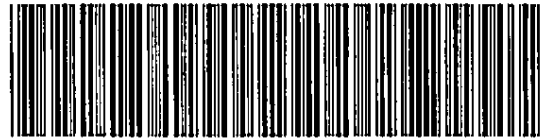
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



700368278337

08/24/21--01018--027 \*\*25.00

7/20/21  
*[Signature]*

FILED  
619 11 19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTH AND BEAUTY OASIS CLINIC, 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:

ALBA S SEVERINO

Name of Person

HEALTH AND BEAUTY OASIS CLINIC, LLC

Firm/Company

2155 MARISOL LOOP

Address

34743 KISSIMMEE, FL

City/State and Zip Code

healthbeautyoasisclinic@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBA S SEVERINO      407      738-5650  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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 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**

HEALTH AND BEAUTY OASIS CLINIC, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/30/2020 and assigned Florida document number L20000366524.

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)**

-----

-----

-----

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

-----

-----

-----

**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

[illegible]

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

Please update authorized person title to read MANAGER

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 JUNE 21 \_\_\_\_\_

2021

Signature of a member or authorized representative of a member

ALBA S SEVERINO

Typed or printed name of signee

day after the



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
HEALTH AND BEAUTY OASIS CLINIC, LLC

### Filing Information

Document Number L20000366524  
FEI/EIN Number NONE  
Date Filed 11/30/2020  
Effective Date 06/26/2020  
State FL  
Status ACTIVE  
Last Event CONVERSION  
Event Date Filed 11/30/2020  
Event Effective Date NONE

### Principal Address

3229 HILLSDALE LN  
KISSIMMEE, FL 34743

### Mailing Address

3229 HILLSDALE LN  
KISSIMMEE, FL 34743

### Registered Agent Name & Address

SEVERINO, ALBA  
2155 MARISOL LOOP  
KISSIMMEE, FL 34743

### Authorized Person(s) Detail

#### Name & Address

Title P

SEVERINO, ALBA  
2155 MARISOL LOOP  
KISSIMMEE, FL 34743

### Annual Reports

No Annual Reports Filed

### Document Images

FILED  
2021 JUL 27 PM 3:19  
TAMPA

Daytime Tele # →  
(407) 738-5650

Return Address →  
2155 Marisol Loop  
Kissimmee FL  
34743

← Please change only