

L21 000036543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

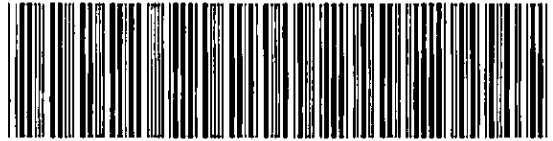
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000375059710

10/26/21--01003--011 **25.00

FILED
2021 OCT 25 PM 4:40
RECEIVED
2021 OCT 25 PM 4:32
SECOND CLERK OF COURT
TALLAHASSEE, FL

10/26/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S AND L CHANGES 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:

ELIZABETH MCGEE

Name of Person

Firm/Company

2735 BIG PINE DR

Address

HOLIDAY, FL 34691

City/State and Zip Code

LIBBE@MYCHANGESMEDSPA.COM

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

For further information concerning this matter, please call:

LIBBE MCGEE

813 690-0404
at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

SNL CHANGES 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 1-19-21 and assigned
Florida document number L21000036543

This amendment is submitted to amend the following:

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

S and L CHANGES MEDICAL SPA LLC

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)

FILED	2021 OCT 25 PM 4:40	SECRETARY OF STATE
ELIZABETH MCGEE		
2611 KEYSTONE RD B3		
TARPON SPRINGS, FL 34688		

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: ELIZABETH MCGEE

New Registered Office Address: 2735 BIG PINE DR
Enter Florida street address

HOLIDAY, Florida 34691
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.


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>
MGR	SHANNON MCGEE	2735 BIG PINE DR	<input type="checkbox"/> Add
		Holiday FL 34691	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR MGR	ELIZABETH MCGEE	2735 BIG PINE DR	<input type="checkbox"/> Add
		Holiday FL 34691	<input type="checkbox"/> Remove
			<input checked="" 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.)

Please update Elizabeth Bousquet to Elizabeth McGee as provide by proof of marriage to Shannon McGee

on 5/2121.

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

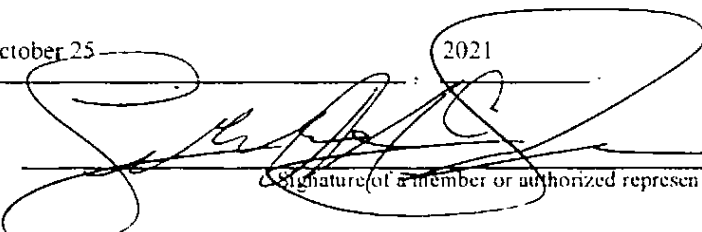
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 25

2021



Signature of a member or authorized representative of a member

Elizabeth McGee

Typed or printed name of signee