

L21000286733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

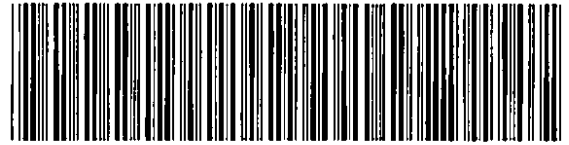
(Business Entity Name)

(Document Number)

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08/21/23--01036--007 **25.00

2023 SEP 13 10:30 AM

SEP 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHOENIX REJUVENATION 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:

MICHELLE G. DIXON

Name of Person

Firm/Company

1225 MYSTERY HOUSE RD

Address

DAVENPORT, FL. 33837

City/State and Zip Code

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

For further information concerning this matter, please call:

MICHELLE G DIXON

863 618-7867
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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**

PHOENIX REJUVENATION SPA 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 06/21/2021 and assigned Florida document number 121000286733.

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:

29890 US 27 HWY

(Principal office address MUST BE A STREET ADDRESS)

DUNDEE, FL. 33838

Enter new mailing address, if applicable:

1225 MYSTERY HOUSE RD

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT, FL. 33837

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:

MICHELLE G. DIXON

New Registered Office Address:

29890 US 27 HWY

Enter Florida street address

DUNDEE

City

Florida 33838

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>
AMBR	MICA A. DIXON	1225 MYSTERY HOUSE RD	<input type="checkbox"/> Add
		DAVENPORT, FL. 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BENJAMIN M. SINES	1225 MYSTERY HOUSE RD	<input type="checkbox"/> Add
		DAVENPORT, FL. 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE G. DIXON	1225 MYSTERY HOUSE RD	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL. 33837	<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

[illegible]

(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 405.0207 (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.

Mica R. Dixon
Signature of a member or authorized representative of a member.

Typed or printed name of signer

Filing Fee: \$25.00