

L2100032118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

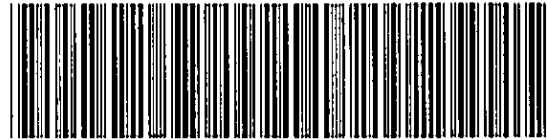
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2021 SEP 27 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FL





2021 SEP 27 PM 12:48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2021

HALA MARX
1038 EMBER RIDGE RUN
LOZAHATCHEE, FL 33470

SUBJECT: OPTIMAL IMAGE MED SPA LLC
Ref. Number: L21000321118

We have received your document for OPTIMAL IMAGE MED SPA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are wanting to update the registered agent name please also indicate that you are updating the registered agent name to Hala Marx.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 821A00021549

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal Image Med Spa LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HALA MARX
Name of Person

Firm/Company

1038 EMBER RIDGE RUN
Address

LOXAHATCHEE FL 33470
City/State and Zip Code

halablanchard@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HALA MARX at (954) 242-9935
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

☐ R2E062 (9/15)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Optimal Image med SPA LLC

SECOND: The Florida Document number of the limited liability company is: L21000321118

THIRD: Document to be corrected is: L21000321118

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

my last name is no longer HALA Blanchard
it is HALA MARX Due to marriage
I am updating the registered agent name to HALA MARX

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

SIGNED: MGR HALA BLANCHARD should be
MGR HALA MARX
updating the registered agent name to HALA MARX

OR

The electronic transmission of the record was defective.

HALA MARX 9/13/21
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

HALA MARX
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2021 SEP 13 AM 8:33
TALLAHASSEE, FL
CLERK OF STATE