

1220000C81914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

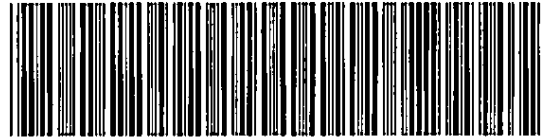
(Document Number)

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Type of Action

Office Use Only



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03/16/22-- 01020--007 \*\*25.00

FILED

2022 JUN 24 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
JUN 11 2022

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Salt Therapy Grotto & 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:

McPherson V Magloire

\_\_\_\_\_  
Name of Person

Salt Therapy Grotto & Spa LLC

\_\_\_\_\_  
Firm/Company

3443 PINE RIDGE RD Unit 102

\_\_\_\_\_  
Address

Naples, FL 34109

\_\_\_\_\_  
City/State and Zip Code

macmagloire@gmail.com

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

For further information concerning this matter, please call:

Mcpherson V Magloire

954 536-4738

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**

2022 JUN 24 PM 3:40

Salt Therapy groto & Spa LLC

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

SECRETARY OF STATE

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/18/2022 and assigned  
Florida document number L22000081914.

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

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	McPherson V Magloire	3443 Pine Ridge Rd	<input type="checkbox"/> Add
		Naples, FL 34109	<input type="checkbox"/> Remove
		Change Title from AP to MGR on profile	<input checked="" type="checkbox"/> Change
MGR	Mariia Babina	3443 Pine Ridge Rd	<input type="checkbox"/> Add
		Naples, FL 34109	<input type="checkbox"/> Remove
		Change Title from AP to MGR on profile	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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 change the title of Marija Babina and McPherson V Magloire from Authorized Person to Manager.

[illegible]

**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 March 15<sup>th</sup>, 2022

Signature of a member or authorized representative of a member

McPherson V Maglarie  
Typed or printed name of signee

Typed or printed name of signee



RECEIVED

2022 JUN 24 AM 8:04

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FL

April 10, 2022

MCPHERSON V MAGLOIRE  
3443 PINE RIDGE RD  
UNI 102  
NAPLES, FL 34109

SUBJECT: SALT THERAPY GROTTTO & SPA LLC  
Ref. Number: L22000081914

We have received your document for SALT THERAPY GROTTTO & SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO CHECK THE TYPE OF ACTION FOR YOUR OFFICER(S).

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 422A00008304