

122000168732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

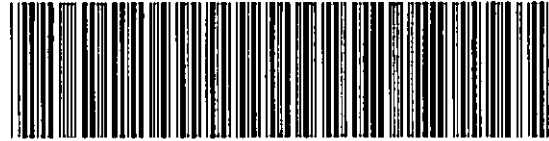
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 25 2022

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2022 SEP 26 AM 10:48
SECRETARY OF STATE
HALL OF RECORDS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2022

MARIA WALKER
3100 NE 9TH ST
FORT LAUDERDALE, FL 33304 US

SUBJECT: THE SPA FACIAL, LLC
Ref. Number: L22000168732

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE LAST PAGE OF THIS DOCUMENT IS MISSING, PLEASE COMPLETE THE ATTACHED COPY.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 622A00019247

RECEIVED

2022 SEP 26 AM 11:46

ST. JAMES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: the SPA Facial, 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:

MARIA WALKER
Name of Person
the SPA Facial, LLC
Firm/Company
3100 NE 9th St
Address
Fort Lauderdale, FL 33304
City/State and Zip Code
MWAWALKO@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA WALKER at (954) 213.5034
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 checked="" 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

FILED
2022 SEP 26 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FL

the Spa Facial, 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 April 07, 2020 and assigned
Florida document number L22000168732

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.

N/A

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	MARIA WALKER	3100 NE 9TH St	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33304	<input type="checkbox"/> Change
MGR	MARIA WALKER	3100 NE 9TH St.	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2

(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)

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 9/12/22 . 123


Signature of a member or authorized representative of a member

MARIA WALKER

Typed or printed name of signee

Filing Fee: \$25.00