

L23000 183832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nirvana Gainesville L.L.C
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:

Ashley L. Holbrook
Name of Person

Nirvana Gainesville LLC
Firm/Company

(Nirvana
Day Spa)

4509 NW 23rd Ave, Suite 8
Address

Gainesville, Florida 32606
City/State and Zip Code

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

For further information concerning this matter, please call:

Ashley L. Holbrook at (352) 682-2410
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

paid \$52.50
on July 15,
2024
check #
1093



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2024

JUSTIN FEUSSNER
NIRVANA DAY SPA
4509 NW 23RD AVENUE SUITE 8
GAINESVILLE, FL 32606

SUBJECT: NIRVANA GAINESVILLE L.L.C.
Ref. Number: L23000183832

We have received your document for NIRVANA GAINESVILLE L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 524A00016740

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NIRVANA GAINESVILLE L.L.C.

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

2024 AUG 22 AM 8:09

FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4.13.2023 and assigned
Florida document number L23000183832.

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>
AMBR	Eliana Henesy	3737 NW 58 th PL	<input type="checkbox"/> Add
		Gainesville, FL 32653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lori Glenn	3737 NW 58 th PL	<input type="checkbox"/> Add
		Gainesville, FL 32653	<input checked="" type="checkbox"/> Remove
			<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

2024 AUG 22 PM 1:50
JAIL HOUSE OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 22 AM 8:09
DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED

(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 August 18, 2024

Asa L. Hurl
Signature of a member or authorized representative of a member

Ashley L. Holbrook
Typed or printed name of signee

Filing Fee: \$25.00