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|---|------------------|--------------|--|
| 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: Reka Tokies Name of Person CLOUD 9 SPA, LLC Firm/Company 3214 SE Federal Hwy Address Stuart, FL 34997 City/State and Zip Code info@ spa-nine.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Reka Tokies 772 219-1119 Area Code Daytine Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \Bigcircles \$30.00 Filing Fee & \Bigcircles \$55.00 Filing Fee & \Bigcircles \$60.00 Filing Fee. Certified Copy (additional cap) is enclosed) Certificate of Status | SHRIFC | | JD 9 SPA, LLC |
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| Reka Tokies Name of Person | The encle | osed Articl | es of Amendment and fee(s) are submitted for filing. |
| Name of Person CLOUD 9 SPA, LLC Firm/Company 3214 SE Federal Hwy Address Stuart, FL 34997 City/State and Zip Code info@spa-nine.com E-neal address: (to be used for future annual report notification) For further information concerning this matter, please call: Reka Tokies 772 219-1119 at (Area Code Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filing Fee Scriffcate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certified Copy Certificate Of Status | Please ret | tum all cor | respondence concerning this matter to the following: |
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MAILING ADDRESS:

Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CLOUD 9 SPA, LLC | | |
|--|--|-------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number L17000090106 | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nted Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | 3 SE |
| | | 25 5 |
| Enter new mailing address, if applicable: | | TARY OF STATE OF CORPORATIONS |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | F AND |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | tered office address on our records, <u>ent</u> ress 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> | Address | Type of Action |
|--------------|--------------|-------------------|----------------|
| MGR | Trevor Smith | 5327 SE Graham Dr | |
| | | Stuart, FL 34997 | □ Add |
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| | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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| (If an c Note | effective date, if other than the date of filing: | o 605,02 e listed : | 07 (3 as the |
| the re | ecord specifies a delayed effective date, but not an effective time, at $12:01 \text{ a.m.}$ on the e e 90th day after the record is filed. | arlier - | of: |
| Dated | 7/11/2018 | | |
| | Signature of a member or authorized representative of a member | _ | |
| | Reka Tokies | | |
| | Typed or printed name of signee | _ | |

Page 3 of 3

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