

L18000217577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

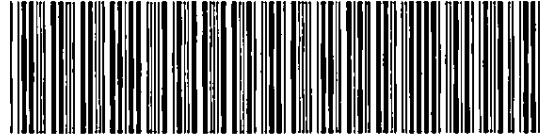
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2022 NOV -4 AM 8:28
SECRETARY OF STATE
1211 ALABAMA
PH: 3:26

COVER LETTER

**TO: Registration Section
Division of Corporations--**

SUBJECT: 360 WELLNESS BOUTIQUE 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:

SEJOUR GUSTAVE

Name of Person

THE SEJOUR-GUSTAVE

Firm/Company

20801 BISCAYNE BLVD. SUITE 403

Address

AVENTURA, FL 33180

City/State and Zip Code

ADMIN@THESGFIRM.COM

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

For further information concerning this matter, please call:

Jadinah N Gustave

Name of Person

at (305) 857-5711

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**

FILED
2022 NOV -4 AM 8:26
SECRETARY OF
STATE

360 WELLNESS BOUTIQUE 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 12/03/2018 and assigned Florida document number L18000277577.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

La Mirage Spa and Wellness LLC

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:

205 SW 84TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33324

Enter new mailing address, if applicable:

17113 MIRAMAR PARKWAY

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 112

MIRAMAR, FL 33027

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:

SHAREZA J. WILKERSON

New Registered Office Address:

205 SW 84TH AVENUE

Enter Florida street address

PLANTATION

City

Florida 33324

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	SJW UNLIMITED	8 THE GREEN STE A	<input checked="" type="checkbox"/> Add
		DOVER, DE 19901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SJW ENTERPRISES LLC	8 THE GREEN STE A	<input type="checkbox"/> Add
		DOVER, DE 19901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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