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COVER LETTER

TO:

	egistration Sec ivision of Corp						
CHDIECT	Sun Kissed	Organic Spray Tans, LLC	•				
SUBJECT	•	Name of Limi	ited Liability Company				
The enclos	ed Articles of A	Amendment and fee(s) are sub-	. mitted for filing.				
Please retu	m all correspor	ndence concerning this matter	to the following:				
		Tamara Wilkes					
			Name of Person				
		Sun Kissed Organic Spray	Tans, LLC				
Firm/Company							
7501 Susan Ave N							
Address							
		Lehigh Acres, FL 33971					
			City/State and Zip Code				
		SunKissedGloBeautyBar@g	gmail.com to be used for future annual report notification)				
For further	information co	oncerning this matter, please co	·				
Tamara W	Tilkes		239 872-6212 at ()				
	Name of	Person	Area Code Daytime Teleph	one Number			
Enclosed i	s a check for th	e following amount:					
\$25.00) Filing Fee	S30.00 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)			
R E P	failing Address Registration S Division of Co 2.O. Box 632 Callahassee, F	fection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sun Kissed Organic Spray Tans, 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 04-20-2021 and assigned Florida document number L21000183892 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sun Kissed Glo & Beauty Bar, 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: (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

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.

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