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COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Creative Salonspa and Tanning, 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:					
Rosemary M. Howell Name of Person					
Creative Salonspa and Tanning, LLC					
P.O. Box 645					
DeFuniak Springs, FL 32435 City/State and Zip Code					
City/State and Zip Code RBMCL53@aol.com E-mail address: (to be used for future annual report notification)					
•					
For further information concerning this matter, please call:					
Rosemary M. Howell at (850) 892-3243					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee & \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ (additional copy is enclosed)					
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

ARTICLES OF ORGANIA	ZATION 「/ [注字]
OF	11 APD 22
OF Creative Salonspa and (Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	Tanning LLCANARY OF 17
(Name of the Limited Liability Company as it now	appears on our records.)
(A Florida Limited Liability Com	ipany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Creative Salonspa, LLC	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation
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)	
······································	
	4 - 11 - 11 - 11 - 11
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florido

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
- x			Add Remove
D. If am	Article II: Hair Car and Nail Care	(s) here: (Attach additional sheets, if necessary.) re and Skin Treatments	
	of any kind.)	vide any tanning service	<u>-</u>
Dated	April 25, 20		_
	Rosemany Signature of a memberio	m. Howell Registered or authorized representative of a member	agnt
	Rosemary	M. Howell Registered Ag	<u>ent</u>

Page 2 of 2

Filing Fee: \$25.00