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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

Sincerely,

e-mail: accounting@incserv.com



ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 1/3/2022 ORDER ENTITY EUPHORIA SALON AND DAY SPA, L	PRIORITY Regular Approval	OUR REF_#_(Order_ID#,)] 986573
PLEASE PERFORM THE FOLLOW EUPHORIA SALON AND DAY S File the attached amendment and	PA, LLC (FL)	
NOTES: \$30.00 Authorized Email address for annual report ren	ninders: tonya.goodrich@euphoriasds.co	<u>m</u> _}
RETURN/FORWARDING INSTR ACCOUNT NUMBER: I20050000052		
Please bill the above referenced acc	count for this order.	,
If you have any questions please co	ontact me at 656-7956,	,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, January 3, 2022 Page 1 of 1

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

Euphoria Salon and Day Spa, 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 7/17/2007 and assigned Florida document number L07000074483 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 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>	Name	Address	Type of Action
MGR	Tonya D. Goodrich	2140 Central Avenue	□∧dd
		St. Petersburg, Florida 33712	∐Remove
			■ Change
MGR	Joseph M. Goodrich	2140 Central Avenue	
		St. Petersburg, Florida 33712	□Remove
			⊞ Change
			□∧dd
			□Remove
			□Change
			□Add
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is filed.						(b) The 90th day	after ti
	ember	30th	, <u>202</u>	·			
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Filing Fee: \$25.00