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| PICK-UP WAIT MAIL |
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COVER LETTER

| TO: | Registration Section Division of Corporations, |
|---------------|--|
| SUBJE | CT: TARA'S MIRACLE SPA & GIRDLES LLC |
| • | Name of Limited Liability Company |
| The en | closed Articles of Amendment and fee(s) are submitted for filing. |
| Please | eturn all correspondence concerning this matter to the following: |
| | CARMEN S. ROMERO-TEJEDA |
| | Name of Person |
| | CST BUSINESS & FINANCIAL SERVICES |
| | Firm/Company |
| | 7800 N. UNIVERSITY DRIVE, SUITE 304 |
| | Address |
| | TAMARAC, FL 33321 |
| | City/State and Zip Code |
| | Cstfinancial@cstgroup.us E-mail address: (to be used for future annual report notification) |
| For furt | her information concerning this matter, please call: |
| | CARMEN S. ROMERO-TEJEDA at (954) 323-8224 Name of Person Area Code & Daytime Telephone Number |
| | Area estate to Baytime receptione realises |
| Enclose | d is a check for the following amount: |
| \$25 . | 00 Filing Fee \$\sum \subseteq \\$30.00 Filing Fee & \sum \subseteq \\$55.00 Filing Fee & \sum \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (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 OF

| DIVISION OF CO | EO OF STATE |
|----------------|----------------|
| 11 MAD IT | MONTATIONS |

| | | II MAR I | 5 Dec |
|---|---|-----------------------------|--------------------------|
| TARA'S MIRA | CLE SPA & GIRDL | ES LLC | 5 PH 12: 17 |
| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now appe a Limited Liability Company | ars on our records.) | |
| • | • • • | <i>.</i> | |
| The Articles of Organization for this Limited Liability | Company were filed on | 12/01/2007 | and assigned |
| Florida document number L07000120429 | · | | |
| • | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | mited liability company ho | ere: | |
| TARA'S | MIRACLE SPA LLC | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Comp | pany," the designation "l | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| IMMINING MININESS MAT BE A FOST OFFICE BOX) | | | |
| | | | |
| P. If amonding the periodical according | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | dress here: | our records, <u>enter t</u> | ne name of the new |
| | | | |
| Nome of New Desistened Assets | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | E | nter Florida street add | ress |
| | | Florida | |
| | City | , 1 1011444 | 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 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.

If Changing Registered Agent, Signature of New Registered Agent

| | nager Managing Member | | |
|---------------|----------------------------------|--|-------------------------|
| <u>itle</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00