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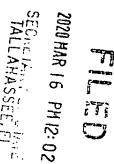
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COVER LETTER

TO:

Name of Lim	nited Liability Company	
Name of Lim	nited Liability Company	
ment and fee(s) are sub	omitted for filing.	
concerning this matter	to the following:	
nnie F. Comer		
	Name of Person	-
USA #13 LLC.		
	Firm/Company	
8 SW 62nd Terr Rd		
<u>.</u>	Address	
ıla, FI 34476		
	City/State and Zip Code	
ner@insspecialist.com		
	-	notification)
ng ims matter, pietise e		1
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	Aca Code 17ay	time reteptione Number
wing amount:		
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)
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	registration	
itions	Division of C	Corporations of Tallahassee
	E-mail address: (ng this matter, please e wing amount: 30.00 Filing Fee &	her@insspecialist.com E-mail address: (to be used for future annual report in the properties of the p

Tallahassee, FL 32303

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

Tan USA #13 LLC.						
(<u>Name of the Limited Liat</u> (A Flor	hility Compa rida Limited I	ny as it now appears on our Jability Company)	records.)	•		
The Articles of Organization for this Limited Liability florida document number <u>L11000039331</u>	v Company	were filed on 04/01/2011		a	ind assi	gned
his amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	imited liab	ility company here:				
Sun-Sational Spa & Wellness LLC.						
he new name must be distinguishable and contain the words "I	imited Liabil	ity Company," the designation	"LLC" or the a	bbrevia	tion "L.1	C. "
Enter new principal offices address, if applicable:		5111 Crill Ave		٠,٠	2	
Principal office address MUST BE A STREET ADI	DRESS)	Palatka, Fl 32177		<u>}</u>	20 1	
	·			<u>≯</u> ;	AR.	1
				A.S.	9	(COED
Enter new mailing address, if applicable:		9078 SW 62nd Terrace I	रत	ŠĘ.	P	
Mailing address MAY BE A POST OFFICE BOX)		Ocala, Fl. 34476		ग <i>ः</i> ग <i>ः</i>	:2	0
				-:: -::	02	•
. If amending the registered agent and/or register gent and/or the new registered office address here	<u>e</u> :		enter the nan	ne <u>of</u> t	<u>he new</u>	regist
Name of New Registered Agent: Cor	nnie F. Com	er				
New Registered Office Address: 907	78 SW 62nd		·			
		Enter Florida street	address			
Oca	ala		Florida <u>- 3</u> -	1476		
		Ciţ		Zq	Code	

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, <u>enter the title, name, and address of each person_being_added or removed from our records:</u>

or venored from our records.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			77.01

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Signature of a member or authorized representative of a member		
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	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00