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Division of Corporations

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Account Number : 076077001702
Phone : (407)841-1200

: (407)841-1200 Phone Fax Number : (407)423-1831

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

12 JUN 25 PM 3: 00

		OE SPAS, L			
(Name of the Limited	Liability Compai Florida Limited L	ny as it now appeal lability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	05/17/2012	and assigned	
Florida document number <u>L1200006</u>	<u> </u>				
This amendment is submitted to amend the foll	owing:				
A. If smending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :		
Niki	Bryan Spas Int	lernational, LL	С		
The new name must be distinguishable and end wi "L.I.C."	th the words "Limi	red Liability Comp	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BF, A STREE	ET ADDRESS)	<u>•••••</u>	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	N/A			
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		<u>c</u> :	our records, enter		
		. Fiorida			
		City		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 ugent as provided for in Chapter 608, F.S. Or, if this document is heing 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 Resistered Agent

Page 1 of 2

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

	Manager I = Managing Mem	ber .	·
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
	· ——		Add
			Add Remove
~~~			= -:
D. If a	mending any other	information, enter change(s) here: (Attach additional sheats, if necessity)	essury:.)
	N/A		· · · · · · · · · · · · · · · · · · ·
			<b>3</b> 8 <b>5</b>
Dated_	June 25		FILED 2 JUN 25 PH COHETARY DE
•		Signature of a member of authorized representative of a member	一
		Niki T. Bryan, Manager J Typed or printed name of signee	3: 00
		Page 2 of 2	DH O

Filing Fee: \$25.00