L12000082185

30A BOA DESIGNER SPA. LLC 25.150 LOVEGASS In AJT. 25.150 PL 33558				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT, MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900236760689

06/27/12--01028--013 **25.00

12 JUN 27 PH 2: 41

JIVISION OF CORPORATIONS

JUN 2 9 2012 T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOA BOA DESIGNERS OF BEAUTY AND SPA LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JUN 27 PM 2:41

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/22/2012 The Articles of Organization for this Limited Liability Company were filed on and assigned L12000082785 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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 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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JORGE RUIZ	8720 N CALDER PL TAMPA FL 33604	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATE TO STATE THE STATE OF CORPORATE TO STATE TO STATE THE STATE OF CORPORATE TO STATE THE STATE OF CORPORATE THE STATE OF C
Dated 50	Signature of 4 member or	authorized representative of a member	104S
		nrinted name of signee	

Page 2 of 2

Filing Fee: \$25.00

