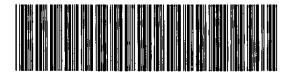
L13000035249

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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2016 NOV -1 P 3 13
SECRETARY OF STATE

D. BRUCE NOV 0 2 2016

COVER LETTER

TO: Registration Sec Division of Corp					
su вј ест: <u>5</u> U[VA SALON S	SPA LLC ited Liability Company			
	Amendment and fee(s) are sub-	-			
Please return all correspor	ndence concerning this matter	to the following:			
	Suna	Gelisken Name of Person			
	Suna Salon	and SPA Firm/Company			
	1282 North po	Address			
	SIRASOTA, FL	34236 City/State and Zip Code			
	Sunasalmal	nolucial.com	cation) Cri	2016	
For further information co	encerning this matter, please ca	·	CRETAR LAHASS	- AON 91	
Ibrahim KAP Name of			Telephone Number ORIDA	- P 3: 13	ILED
Enclosed is a check for the		5 444 00 mm	5 6 (0.00 F)**	_	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate Certificate Certified (additional c	of State Copy	

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

SUNA SAINN AND SPA	11C		
(Name of the Limited Liability Company (A Florida Limited Liab	as if now appears on our records.) bility Company)		-
The Articles of Organization for this Limited Liability Company we Florida document number 4300035249.	ere filed on	3 , and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y 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 registered agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the nan	ne of the new
	;	TA:: 2	,
Name of New Registered Agent:			
New Registered Office Address:		ARE NOV	- 1
		RY OF	m
	City	S Zip Co	de 🔾
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar . Or, if this de	with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

If amending_Authorized Person(s) authorized to manag	e, <u>enter the title</u>	, name, an	d address of each	person	being added
or removed from our records:					
1					

MGR = Mana AMBR = Auth	ager orized Member		
<u>Title</u>	Name	Address	Type of Action
<u>Mrs</u>	Sung Gelisker		🖸 Add
		1282 North paly are Strusora, FL 34236	Remove
			Change
Mrs (Mbr)	Zeynep Sayracy	1282 North poly are Serison, PC 34236	
			C Remove
			Change
			Add
			Remove
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		SECRETARY TALLAHASSEE	Add K <u>enio</u> ve
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutory ament's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	cive time, at 12:01 a.m. on the earlie
ed 10/25, 2016. Signature of a member or authorized represer	
Signature of a member or authorized represer Zeynep Sayras Typed or printed name of signature of signature of a member or authorized represer	ntative of a member

Page 3 of 3

Filing Fee: \$25.00