L13000168929

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COVER LETTER:

TO: Registration Section
Division of Corporations

CRISTINAANASTASAS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTINA M ANASTASAS

Name of Person

CRISTINAANASTASAS LLC

Firm/Company

108 S ARMENIA AVENUE

Address

TAMPA FL 33609

City/State and Zip Code

LUXEDAYSPATAMPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA ANASTASAS

*့,*813 \362-6633

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

■ \$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)

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

FILED 2014 MAY -9 AM II: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CRISTINAANASTASAS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 12/	/06/2013	and assigned
Florida document number L13000168929			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>re</u> :	
LUXE DAY SPA SOHO LLC			
The new name must be distinguishable and end with the words "Limited I	Liability Company," the de	lesignation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the registered of		our records, enter the	name of the new
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	r ri ·		
	Enter Florid	ida street address	
		, Florida	Lip Code
	City	2	пр Сове
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off	lete performance of n as provided for in Cl	my duties, and I am fami Thapter 605, F.S. Or, if th	liar with and iis document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
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_ (optional) 90 days after
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Page 3 of 3

Filing Fee: \$25.00

