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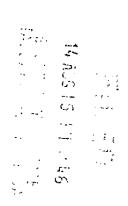
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COVER LETTER

TO:

Registration Section Division of Corporations

Surfect. Luxure Salon and Medspa, LLC

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:

Tracy Stein-Managing Member

Name of Person

Prestige Management Group, LLC

Firm/Company

3208 East Colonial Drive #283

Address

Orlando, FL 32803

City/State and Zip Code

tstein1964@aol.com

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

For further information concerning this matter, please call:

Tracy Stein

 $\frac{407}{100}$

616-8859

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

Luxure Salon and Medspa, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on July 15, 2014	and assigned
Florida document number L14000111194		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability 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."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	3208 East Colonial Drive	
(Mailing address MAY BE A POST OFFICE BOX)	#283	
	Orlando, FL 32803	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	***
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	••

If Changing Registered Agent, Signature of New 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 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 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:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address **Type of Action** 1889 West State Rd.434 Ignacio A. Hidalgo **AMBR** □ Add Longwood,FL 32750 **■** Remove 3208 East Colonial Drive **AMBR** Prestige Management Group, LLC ■ Add #283 ☐ Remove Orlando, FL 2193 North Umbria Drive AMBR Body Couture Center, LLC ■ Add Sanford, FL 32771 ☐ Remove □ Add ■ Remove ☐ Remove

). If amendir	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(The effective	ate, if other than the date of filing:
Dated Au	gust 11, 2014
-	Course of a member or authorized representative of a member
-	Fracy Stein-Managing Member for Prestige Management Group, LLC
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00