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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corpor			
SUBJECT: Day	X Ferrian (Name of Limit	It a Pheni	x Salon Suites
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Dan	Name of Person	1andt
	Deaut	Firm Company	Nana
	3950 E	Stero Bay L	ane
<i>-</i>	Droe (Chty/State and Zip Code O B	4112 nail-com
For further information concu	rning this matter, please ca	ill:	
Dana Fernando Per	llandt son	at (239) 776 Area Code Daytime	- 4350 e Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	2 \$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 Corp P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dana Felilandt at Phenix Salan Suites (
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		į
The Articles of Organization for this Limited Liability Company Florida document number 1600079091	were filed on	22 2016 and assigned
This amendment is submitted to amend the following:	_	<u></u>
A. If amending name, enter the new name of the limited liab	ility company here:	-
Beauty Wise by	Dana	LLC.
The new name must be distinguishably and contain the words "Limited Light!	ity Company," the design	ation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3950E	Stero Bour Lane
(Principal office address MUST BE A STREET ADDRESS)	11apies	F1,34112
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Beauty 3950 E Naples	Wise by Dana Stero Bauslane S, F1, 3411 & 7
B. If amending the registered agent and/or registered office a	address on our recor	ds. enter the name of the new registered
agent and/or the new registered office address here:		15
Name of New Registered Agent:		
New Registered Office Address:		
New Register Office Address.	Enter Florida si	treet address
		L'havida
	Cuy	Florida 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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cord speci s filed.	fies a delayed effec	tive date, but not a	nn effective time	, at 12:01 a.m. c	on the earlier of	f: (b) The	90th day	after the
ted	July Gr	,	<u>2020</u>	li b	AL.			
- -	<u> </u>	Signature of a In	tember or authoriz	ed representative	of a member			-