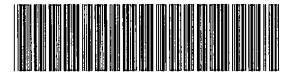
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| Special Instructions to Filing Officer: |
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Office Use Only



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T. MATTHEWS
MAR - 3 2022

COVER LETTER

Tallahassee, FL 32314

| | Registration S Division of Co | | | |
|--|----------------------------------|--|--|---|
| SUBJEC | FOREVE | R YOUNG SKIN & HAIR SPA | A #2 LLC | |
| SUBJEC | | Name of Lin | nited Liability Company | |
| The encle | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Christian Sanchelima, Esc | } . | |
| | | | | |
| | | Sanchelima & Associates | , P.A. | |
| | | | Firm/Company | |
| | | 235 S.W. Le Jeune Road | | |
| | | | Address | |
| | | Miami, Florida 33134 | | |
| | | | | |
| | | | to he used for firme | |
| For further | er information o | oncerning this matter, please c | • | it nouncation) |
| | ı Sanchelima, E | - | | 12 |
| Christian | | | 305 447-16 at () | Paytime Telephone Number |
| | Name o | f Person | Area Code D | aytime Telephone Number |
| Enclosed | is a check for the | he following amount: | | |
| ■ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street Addre | |
| | Registration S Division of C | | Registration Division of | n Section Corporations |
| Division of Corporations P.O. Box 6327 | | | of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FET 23 PH 12: 06

FOREVER YOUNG SKIN & HAIR SPA #2 LLC

(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 Company w Florida document number <u>L16000110086</u> | ere filed on 06/07/2016 | and assigned |
|--|--|--|
| 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 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 address on our records, enter the name of the new registered | | |
| 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 | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>enter t</u> | he name of the new registered |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | rida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and ovided for in Chapter 605, F | d I am familiar with and F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|---------------------|----------------------------|----------------|
| AMBR | Sebastian Rodriguez | 16811 NW 83rd Ave | = Add |
| | | Miami Lakes, Florida 33016 | □ Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
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| Affective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 dotte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of the filing of the specifies and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of the filing of the specifies and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of the filing of the specifies and delayed effective date on the Department of State's records. | | |
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| | Blanca R. Haddad | |

Filing Fee: \$25.00