# 16000221075

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Certified Copies	_ Certificates	of Status
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RECEIVED MAY 29 2018

DIVISION OF CORPORATION

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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Name of Limite	Spa LLC ed Liability Company	
The enclosed Articles of Ame		<u>-</u>	
Please return all corresponde	nce concerning this matter to	the following:	
-	Rachel	Craan - Thi Name of Person	motee.
-	Kom Ki	OUZ HOLDING Firm/Company	y LIC.
		SW 84 T	
	Mir,	City/State and Zip Code  X Co O O O O O O O O O O O O O O O O O O	33075
	E-mail address: (to	X CO G( O) O be used for future annual report notification	mail. Com
For further information conce			
Rachel Cra	ign - Thimp	Heat (954) 534 Area Code Daytime T	3841 Telephone Number
Enclosed is a check for the fo	llowing 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 O	RGANIZATION	SECRE DIVISION
(Name of the Limited Liability Compar (A Florida Limited L		TARY OF SIA
The Articles of Organization for this Limited Liability Company of Florida document number <u>L. 1600 221075</u> .	were filed on	and ssigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	2300 SW S4 MI, rama, f	terrace
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	2311) SW SU Miramar, T	Terracc. 33025
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent: Rand New Registered Office Address: 2.2		notee.
M	City. Florida	33025 · 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 Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
RA.	STEPHANC Many	n 18851 NEZGAVE, 10	<i>0</i> 0. □ A44
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			Change
MGR	Stephane Maman	18851.NE 29Ave, 140	□ Add
		aventura, F. 33180.	Remove
			Change
MGR	Jean Michel (al	6 23(20 SW84 terral	<u>C</u> Add
		MIRG MAR FL 33025	☐ Remove
			Change
MGR.	Rachel Craan- Th	imotee.	∑d ∧dd
		2300 SN 84 Terrare	- <u>·</u> □ Remove
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Effec	tive date, if other than the date of filing: (optional)  ffective 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 6	
Note:	ffective 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 6 1. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linent's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier o
Du4-	1 May 25 . 2018:	
Datec	1 May 25 . 2018:	
	Signature of a member of authorized representative of a member	
	Rachel Raan Thimatee  Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00