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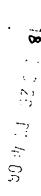
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBTRATE	Cloud 9 Spa	. LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Reka Tokies		
			Name of Person	
		Cloud 9 Spa, LLC		
			Firm/Company	
		3214 SE Federal Hwy		
			Address	
		Stuart, FL 34997		
		into@spa-nine.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further ir	iformation co	ncerning this matter, please ca	all:	
Reka Tokics			772 219-1119	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F		□ \$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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**

Cloud 9 Spa, LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number L17000090106	·	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		<del></del>
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
		· .
B. If amending the registered agent and/or regist	ered office address on our record	s, enter the name of the n
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	XX
	, FI	orida
You Davistaged August's Simustage of shameing Davistaged	•	zap 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

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
MGR	Trevor Smith	528 SW Akron Ave	
			<b>B</b> Add
		Stuart, FL 34994	
		<del></del>	□ Remove
			Change
			Change
			□ Remove
			<b>⇔</b> ☐ Change
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fective 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  ote: If the date inserted in this block does not meet the applicable statutory icument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of
nted	
Reka Tokio Signature of a member or authorized represen	
Signature of a member or authorized represen	tative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00