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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|---|---|---|
| SUBJECT: | Nu Spa The Name of Limi | ERAPY and WELLN ited Liability Company | iess LLC |
| The enclosed Articles of An | nendment and fce(s) are sub- | nitted for filing. | |
| Please return all corresponde | ence concerning this matter t | to the following: | |
| | AMAND | A ADAMS · | |
| | | Name of Person | |
| | | Firm/Company | |
| | 500 | FORD DRIVE | |
| | ALTAMONTE | E SPRINGS FL City/State and Zip Code Py @ g mail · com · o be used for future annual report noti | . 32701 |
| | nu spathera E-mail address: (1 | py@gmail.cm. o be used for future annual report noti | fication) |
| For further information cond | | | |
| AMANDA AS | DANS Erson | at (40) SQ2 - Area Code Daytim | 8-8-8 e Telephone Number |
| Enclosed is a check for the t | ollowing 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

| Nu SPA ESCAPE 220 | | |
|---|---|------------------------------------|
| (Name of the Limited Liability Comps (A Florida Limited | iny as it now appears on our re Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company Florida document number 2/700099/83. | were filed on05/04 | 2/2017 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| Nu Spa THERAPY and W. The new name must be distinguishable and contain the words "Limited Liabi | I ELLNESS LLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | 2010 |
| | | JUR 2 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - 2 |
| | | 3:49 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | 4. |
| Name of New Registered Agent: | , | |
| New Registered Office Address: | | |
| - | Enter Florida street a | ddress |
| | | , Florida |
| | Cīņ | 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

¹ If antending 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> | Name | Address | Type of Action |
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Filing Fee: \$25.00