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## **COVER LETTER**

то:	Registration Se Division of Cor						
SUBJEC		MED SPA LLC					
CODOL		Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		PATRICK J LANE					
			Name of Person	<u> </u>			
		P O BOX 1005					
			Address				
		MARCO ISLAND, FL 34					
		DJBRANSTAR@YAHQQ E-mail address: (	City/State and Zip Code  COM DE RAMS  to be used for these formal Applications	TARZayahou.com			
For furth	er information c	oncerning this matter, please co		TAK Layanoo, com			
PATRIC	CK J LANE		239 595-6710 at ( )				
-	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following 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

LUXLIFT MED SPAILLC (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 were filed on JUNE 5, 2017 and assigned Florida document number 1.17000122880 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 "LLC." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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	DEBORAH BRANSTRATOR	832 SWAN DR	
		MARCO ISLAND, FL 34145	Remove
			Change
MGR	ANNE BRANSTRATOR	832 SWAN DR	Add
		MARCO ISLAND, FL 34145	■ Remove
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			Add
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ated JULY 19	2018	<u> </u>			
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