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## **COVER LETTER**

	Registration S Division of Co				
		Spa Institute LLC			
SUBJEC		Name of Lin	nited Liability Company	<del></del>	
I		Amendment and fee(s) are sub	·		
Please ret	turn all corresp	ondence concerning this matter	to the following:		
		Sven Schele			
			Name of Person		
		Meridian Spa Institute LLC			
			Firm/Company		
		1131 NE 163rd ST	. ,		
		<del></del>	Address		
		North Miami Beach, Florida	a, 33162		#.]
			City/State and Zip Code	<del></del>	# 120 m
	sven@miamimeridianmassage.com				SEP 3
		E-mail address:	to be used for future annual report noti	fication)	
For further	er information o	concerning this matter, please c	all:		PH I
Sven Sc	hele		305 915 3318		DERICERTORS
	Name o	of Person		e Telephone Number	က ပို့ န
Enclosed	is a check for t	he following amount:			
	0 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 Sta Certified Copy (additional copy is e	ntus &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meridian Spa Institute LLC				6
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on liability Company)	our records.)	- 13 CASE
The Articles of Organization for this Limited I Florida document number L17000123835	Liability Company	were filed on <u>06/06/2</u>	?017	and assigned to
This amendment is submitted to amend the fol	lowing:			50 F
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the design	ation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	1131 NE 163rd ST	, North Miami Bea	ch, Florida 33162
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	1131 NE 163rd ST	, North Miami Bea	ch, Florida 33162
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	Sven Schele 1131 NE 163rd	ST  Enter Florida st	reet address	
	North Miami Be	<del>_</del>	, Florida <u></u>	162
		City		7in 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	Yi Yang		
		20325 NE 10 CT Miami Florida 33179	LI Add
			■ Remove
			Change
MGR	Sven Schele	5960 SW 86 ST Miami Florida 33143	
			■ Add
			Remove
			☐ Change
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Effective date, if other than the date of fili: (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	ind cannot be prior to date of t meet the applicable stati	filing or more than 90 days utory filing requirement	after filing.) Pursuant to 605.0207
the record specifies a delayed effective ) The 90th day after the record is filed	date, but not an eff d.	fective time, at 12:	01 a.m. on the earlier o
Dated	-· <del></del> ·		
Signature of	a member or authorized rep	resentative of a member	
Sven Schele			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00