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PICK-UP WAIT	MAIL
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Certified Copies Certific	tates of Status
Special Instructions to Filing Officer:	
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Office Use	only 5.C. 07/12/21
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COVER LETTER

Division of Corpo	TATIONS		
SUBJECT: AU	ABOUT Y	OU SAUN &	ISPA LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Zue	Name of Person	3
	ALL A	BOUT YOU S	ALON GSPALLC
	2240 5	Mccall R	d
	Englew	City/State and Zip Code	224 74-10-10-11 (22)
	E-mail address: (to be used for future annual report in	EWood@gmail, (M
For further information con	cerning this matter, please ca	ali:	(C)
Name of P	BABB erson	at Area Code Days	55252 OR time Telephone Number
Enclosed is a check for the	following amount:	9	41-662-4588
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- FUL ABOUT	YOU DAKON & SHA LLL
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number	17 /21 /2.
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, enter the name of the new registered is here:
Name of New Registered Agent:	200 BABB
New Registered Office Address:	2240 S. M. Call Rd Enter Florida street address
	Engliner de Florida Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:
I hereby accept the appointment as registered	d 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>	Name	Address	Type of Action
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