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D. SCOTT AUG 2 4 26...

· COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Day Spa of O Name of Lin	vieds LLC nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Darl	A Barowsky Name of Person	
	 	Firm/Company	
	141A River	- Reck (+ Address	
	Oyic do Usarou E-mail address:	City/State and Zip Code Sky@gmail, Com to be used for failure annual report notif	ücation)
For further information	concerning this matter, please c		
Darla Ba	rowsky of Person	at (<u>UØ')</u>) <u>LP- (o</u> Area Code Daytimo	S 9 Ø e Telephone Number
Enclosed is a check for t	he following amount:		4
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURT	10

Registration Section
Division of Corporations
P.O. Box 6327
Tallabases P. 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

Day\Oa	ot Oviedo LLC	
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on colorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Torida document number		28-17 and assigned
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Lotus Blossom Day S he new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on our	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
_		Florida
	Сиу	Zip Code
ew Registered Agent's Signature, if changing Regist	tered Agent:	
hereby accept the appointment as registered ago rovisions of all statutes relative to the proper an ecept the obligations of my position as registere eing filed to merely reflect a change in the regis ompany has been notified in writing of this chan	nd complete performance of my di ed agent as provided for in Chapte stered office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent Si	onuture of New Projects and Asset

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 = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Remove
			Change
			Add
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_	~	Vala	1 anou	0			**	
_		Signature	of a member or	authorized repre	esentative of a mo	ember		سَدِ ورا در

Page 3 of 3

Filing Fee: \$25.00