## LI7000173833

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## **COVER LETTER**

	gistration Sec vision of Corp			
our room	•	Studio South Tampa Limited	Liability Company	
SUBJECT:	·	Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Tallia M. Keene		
			Name of Person	<del></del>
		Lash Spa Studio South	Tampa Limited Liability Company	
			Firm/Company	
		4004 S. MacDill Ave		
		<u> </u>	Address	
		Tampa, FL 33611		
			City/State and Zip Code	<del></del>
		Talliakeanea E-mail address	amal. ( om to b) used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	ali:	
Tallia M. K	(eene		at (813 ) 774-	2799
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

Lash Spa Studio South Tampa Limited Liability Company (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 August 15, 2017 and assigned Florida document number \_\_\_\_\_L17000173833 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

## 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
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	, ,	Madeira Beach, FL 33708	<b>≡</b> Remove
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			□ Add
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55	July 2, 20	18	(optional)	
fective date, if other than the an effective date is listed, the date mi	ist be specific and cannot be prior	or to date of filing or more t	han 90 days after filing.) Pur	suant to 605.03
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