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STOREGAN CONTROL

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	ile Airbrush Tanning			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	indence concerning this matter t	to the following:		
	Jennifer Lampton			
		Name of Person		
		Firm/Company		
	2366 Simonson Drive			
		Address		
	Wellington, FL 33414			
	jennifer@luxeairbrushtan.cc	City/State and Zip Code	e	
	2	to be used for future annua	al report notification))
For further information of	concerning this matter, please ca	ali:		
Jennifer Lampton		561 7	16-7707	
Name o	of Person	Area Code	Daytime Telepi	hone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		0		
Mailing Addre Registration			Address: tration Section	
Division of C		Divisi	ion of Corporati	
P.O. Box 632	=	The C	Centre of Tallah	assee

2415 N. Monroe Street, Suite 810

Tallahasses, FL 32503

ARTICLES OF AMENDMENT **OF**

ARTICLES OF ORGANIZATION

LUXE Mobile Airbrush Tanning	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	November 1, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	here:
LUXE Custom Airbrush Tanning, LLC	2028
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation: L.L.C."
Enter new principal offices address, if applicable:	AY - 5
Principal office address MUST BE A STREET ADDRESS)	場へ
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address
<u> </u>	, Florida
City	Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			Add S ERemove
		У. ц. 70. 70. 70. 70.	Remove
		EL AUTORFE CORE	□Change □Add
			□ Remove
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f an effective date is listed, Note: If the date inserte	the date of filing: the date must be specific and cannot be prior to ad in this block does not meet the applicab te on the Department of State's records.	date of filing or more than 90 days after to the statutory filing requirements, this	iling.) Pursua	nt to 605.020 t be listed a
	a delayed effective date, but not r the record is filed.	an effective time, at 12:01 a	.m. on the	earlier o
April 30	2020			
	· (()			•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00