

L17000252339

From 7188897420 1.718.889.7420 Wed Dec 20 11:04:24 2017 MST Page 1 of 4

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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Account Number : 07535000353
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MELANIE'S ESTHETICS DAY SPAN LLC

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S. WARREN

DEC 21 2017

2017 DEC 20 PM 1:15

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 DEC 20 AM 10:15

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MELANIE'S ESTHETICS DAY SPAN LLC

(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 December 11, 2017 and assigned
Florida document number L17000252339

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MELANIE'S ESTHETICS DAY SPA LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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