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COVER LETTER

TO:

Registration Section

Registration Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

Division of C	orporations		
SUBJECT: Thy	e Spa Suitu	of Mulbourn	nce
· :	Name of Lin	ited Liability Company	·
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Debbiu An	Name of Person	
	The Spa	Suite of Mul Firm/Company	bourne
	377 Emers	Son drive Niv Pa	Im Bay, Ilorida 32935
	Mulbourna	e, FL 32935	
	deldoice am S E-mail address: (City/State and Zip Code City/State and Zip Code Company Comp	fication)
For further information	concerning this matter, please ca		
ЈНСЈНСЈКНСККК		-16	
Name	of Person	at () . Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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)
	LING ADDRESS: tration Section	STREET/COURING Registration Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

L18000019840 document

(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 01 22 2018 and assigned Florida document number L18000019840 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Debbie Ann Shull Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
Manager	Debbie Ann Shull	2226 Sarno 12d. Suite Melbourne /FL 32033	Add Add
J			
			Change
			🖸 Add
			Remove
			Change
			🗖 Add
			□ Rеточе
. .			_□ Change
			🗖 Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_D Change
			_□ Add
			_□ Remove
			☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: 0th day after the record is filed.
Dated _	August 15, 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00