118000108637

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COVER LETTER

TO: Registration Se Division of Cor			
	y Academy LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The medical Variation of	Amendment and fee(s) are sub	unitered Con CVinc	
	ndence concerning this matter	-	
Treate reality and estreatify	g	to the text owng.	
	Christopher Torchia, Esq.		···
		Name of Person	
	Torchia Law Firm PA		
		Firm/Company	
	522 S Hunt Club Blvd PM	B 326	D
		Address	
	Apopka, FL 32703-4960		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	····
For further information co	oncerning this matter, please c	all:	$\beta = \beta'$
Christopher Torchia, Esq		407 869-1004	7 224
Name o	l Person	Area Code Daytime Telephone No	umber :
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street. Su	nite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lana Beauty Academy LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability		and assigned
lorida document number 118000108637	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
the new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ii)
		-
. If amending the registered agent and/or registere	ed office address on our records, <u>er</u>	iter the name of the new registe
gent and/or the new registered office address here:		;
Name of New Designand Asset		. 1
Name of New Registered Agent;		
New Registered Office Address:		<u> </u>
	Enter Florida street oo	adress
		, 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, 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>	Type of Action
AMBR	Inna Taylor	525 Woodview Dr	🗀 Add
		Longwood, FL 32779	
			□Change
			□Add
			□Remove
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Effactive data if other than the de	to of filings	(antional)	1
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to y filing requirements, this date will not be	605,0207 () listed as th
record specifies a delayed effective d d is filed.	ate, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day a	after the
Dated August 13	2021		
1700 -	T 7		
Mustopher -	25. Ltd. mature of a member or authorized represe	ntative of a member	-

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Filing Fee: \$25.00