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[NAME CHANGE]

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOCA MOBILE SPA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAGMARA RAGOLE Name of Person
GORGEOUS SKIN AND LASKES LLC
9372 SHERMAN LN.
MRTH ROYALTON OH 44133
DPRA60LEDGMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAGNMA RAGOE at (440) 212 9944 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

BOCA MOB	THE SPA	LLC	_		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on or Liability Company)	ur records.)		_	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000192818</u> .	were filed on	/13/20	<u>18</u> an	d assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab GORGEOUS SKIN A The new name must be distinguishable and contain the words "Limited Liabi	ND LASH	ES L	L C abbreviatio	on "L.L.	.C."
Enter new principal offices address, if applicable:	<u> </u>		. <u></u> .		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				യാ ८ ०,	
Enter new mailing address, if applicable:			# 1	EP 17	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	P	П
			는 () - 다 ()	2	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our <u>e</u> :	records, <u>enté</u>		27 of	<u>f the nev</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stre	et address			
-		, Florida _			
	City		Zip C	ode	

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

Title Name Address Type of Action

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(If an effective <u>Note:</u> If th	e date is listed, the le date inserted in	an the date of f date must be specific this block does r n the Department	e and cannot not meet the	: applicable s	e of filing or me tatutory filing	re than 90 day	(optional)	.) Pursuant	to 605.0 e listed	0207 i as
If the record (b) The 90t	specifies a d th day after th	elayed effectiv he record is fil	ve date, t ed.	out not an	effective t	me, at 12	:01 a.m.	on the (earlier	r of
ر <u>ب</u> Dated	Septe	nber E	B. 2	0/8						
			\mathcal{D}	$\mathcal{I}_{\mathcal{A}}$	in	0 -				
-		Signature o	of a member	or authorized	representative	of a member		 		

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Filing Fee: \$25.00