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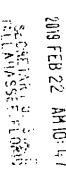
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FEB 28 2010 C. MCNAIR

COVER LETTER

TO: Registration So Division of Co		,	ħ
SUBJECT: facio	1 Creations	Son of Tam	pa Bay LLC
SUBJECT: Too at a	Name of Lim	ited Liability Company	pa notes
			2019
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	FEB 22 LAHASS
Please return all correspo	ondence concerning this matter	to the following:	Lul
	Suct 1	ana Rhodes Name of Person	AK IO: 17
	facial	Creat 1015 Firm/Company	Spa of Tanga Bo
	7585 Dau	USON Creek	Ln
	New Por	Facial execution.	Florida 34634 sspa.Com
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
Svetlana	Rhodes of Person	at (<u>8/3</u>) 865 Area Code Daytin	-3955 ne Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Facial Creations of James Bay 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 $\frac{1-15-20/9}{2}$ and assigned
Florida document number <u>L 1 - 0000 /6397</u>	2019 74.1.
This amendment is submitted to amend the following:	TO THE BEAUTY OF
A. If amending name, enter the new name of the limited liab	
	71 EU 33-
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	等。 第一章
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
maning and ess man began obtained body	
	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	r <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = A	uthorized Member		
<u> 168</u>	Suet and Photes	Address New 7585 Dawson Crack Ln Richa	Type of Action
			☐ Remove
16R	Vitaly Grasiano	ADSON CONTRACTOR AND	☐ Change
, 0,71	Violg Oranano	2150 Cimuranter Balm Habor Fl	14693 Lemove
		 	Change
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	1 21 2010
lf an ef Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Jan. 31, 2019.
	Signature of a member or authorized representative of a member
	/ No

Page 3 of 3

Filing Fee: \$25.00