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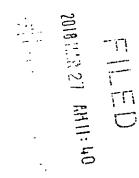
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp		٠.	A
SUBJECT:	PA STU	DIO L.C.	. ; A
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	_Elizabe	H Hawks Name of Person	
	SPA	STUDIO L.L.C	<u> </u>
	482 Sado	lell Bay Loop	
	Ocale,	FI 34761 City/State and Zip Code	
	E-mail address: (10	be used for future shrual report notifica	tion)
For further information cor	ncerning this matter, please ca	И:	
Elizabeth Name of F	Hauks	at (<u>407</u>) <u>595-0</u> Area Code Daytime To	2052 Elephone 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPA_ST	MDTO		<u>.</u>		
(Name of the Limite	ed Liability Compa (A Florida Limited	any as it now a Liability Compa	opears on our re any)	cords.)	
The Articles of Organization for this Limited Lia	ability Company	were filed or	· alla	119	and assigned
Florida document number L 19000 429				7	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of SPA Sar	nté 1	1.0			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company,"	the designation "	LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			······································	
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(<u>0x)</u>				72 18 15:32 27
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ce address here	fice address	on our reco	rds, <u>enter</u>	the name of the new
Name of New Registered Agent:	Eliza	beth	Hawk	is	
New Registered Office Address:	482	Sadd	ell Bar Florida street add	y ho	00
		coee		ress Florida	3476
		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

Title	<u>Name</u>	Address	Type of Action
MGR	Zonia Furderburk	7606 Forest City Rd	Add Apt 15
		7606 Forest City Rd Orlando, Fl 32810	Remove
			☐ Change
			
			□ Remove
			Change
			Add
			Remove
			□ Change
			🖸 Add
			Remove
			□ Change
			🗖 Add
			□ Remove
			Change
			🗆 Add
			Remove
			☐ Change

		
an effective Note: If th	late, if other than the date of filing:)207 (l as t
e record The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier h day after the record is filed.	of:
ated	3-25, - <u></u>	
	Ω	
	Clisabeth tanks	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00