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SECRETARY OF STATE

Jun 20 2000

COVER LETTER

Division of Corporations
SUBJECT: Adara Jon i & Body Wrapping Studio 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:
Ciara Brown Name of Person
Adura Yuni + Body wapping Studio LLC Firm/Company
3581 Coyok Creek Da
Talkana Stee F1, 39301 City/State and Zip Code Adama Up no body More Wanail Com E-mail address: (to be used for future annual report notification)
ACLAYCE UD 1 DOCUM More Wancil COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (80) 212-4316 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	• • • •	LIC		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900081397</u>	were filed on <u>3/25/</u>	2019	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile ACATA JONI BOLLY + MORE L. The new name must be distinguishable and contain the words "Limited Liability in the the words" in the words "Liability in the words" in the words "Liabil	LC	or the abbrevi	ation "L."	L.C."
Enter new principal offices address, if applicable:		<u></u>	223	
(Principal office address MUST BE A STREET ADDRESS)		- <u>ACC</u>		- [1]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE	N-4 AM 7: 20	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter t	he name of	the new	v registere
Name of New Registered Agent:		 _		
New Registered Office Address:	Enter Florida street address	<u></u>		
		rida	. C. I	
	City	Z.	ip 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
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			□Change
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