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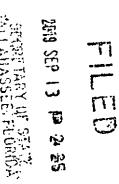
| (Requestor's Name)  |  |
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| (Address)   |  |
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| (City/State/Zip/Phone #)  |  |
| PICK-UP WAIT MAIL   |  |
| (Business Entity Name)  |  |
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) |  |
| Certified Copies Certificates of Status   |  |
| Special Instructions to Filing Officer:   |  |
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Office Use Only



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### **COVER LETTER**

| TO:    | Registration Se<br>Division of Cor |   |   |   |
|--------|------------------------------------|---|---|---|
| CUD    | EWC NON                            |   |   |   |
| SUB    | JECT:                              |   | ited Liability Company  |   |
| The c  | enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Pleas  | e return all correspo              | ondence concerning this matter                  | to the following:   |   |
|        |                                    | John Patriarca                                  |   |   |
|        |                                    |   | Name of Person  |   |
|        |                                    |   | Firm/Company  | <u> </u>  |
|        |                                    | 17820 N 56th St                                 |   |   |
|        |                                    |   | Address   | <del></del>   |
|        |                                    | Scottsdale, AZ 85254                            |   |   |
|        |                                    |   | City/State and Zip Code   |   |
|        |                                    | john.patriarca@waxcenter.c                      | com<br>to be used for future annual report notif                    | (cotion)  |
| For fi | urther information c               | oncerning this matter, please c                 |   | ication   |
| John   | Patriarca                          |   | 602 400-4542<br>at ( )  |   |
|        | Name o                             | f Person  |   | : Telephone Number  |
| Enclo  | osed is a check for th             | ne following amount:                            |   |   |
| ■ S    | 25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**EWC NONA LLC** 

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| and assigned SEGRE FARY OF STATE TALL AMASSEE. FLORICA *LLC" or the abbreviation "L.L.C."                                      |
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| ords, enter the name of the new  |
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| Idress   |
| , Florida  |
| Zip Code   |
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| I further agree to comply with the s, and I am familiar with and 05, F.S. Or, if this document is n that the limited liability |
| •  |

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> | Address            | Type of Action  |
|--------------|-------------|--------------------|-----------------|
| MBR          | Ken Marquis | 5310 W Pontiac Dr  |                 |
| <del>.</del> |             | Glendale, AZ 85308 | <u> </u>        |
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|              |             |                    | Change          |
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| F) 65     |   |                            |                     |                        |   |              |
| lf an efi | ive date, if other than the fective date is listed, the date mu | ist be specific and cannot | be prior to date of | filing or more than 90 | (optional) days after filing.) Pursuant | to 605.0207  |
|           | If the date inserted in this beent's effective date on the f    |                            |                     | ntory filing requiren  | ents, this date will not b              | ne listed as |
| docum     | ient serieure date on the i                                     | repartment of State 3 i    | records.            |                        |   |              |
|           | cord specifies a delaye<br>90th day after the rea               |                            | but not an eff      | ective time, at        | 12:01 a.m. on the                       | earlier of   |
| Dated     | September 10  | 2019                       | 9                   |                        |   |              |
|           |   |                            | <del></del>         |                        |   |              |
|           | 1   | Signature of a member      |                     |                        |   |              |
|           |   |                            |                     |                        |   |              |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00