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COVER LETTER

TO:, Registration So Division of Cor				
SUBJECT: Since	prely Yourz Name of Limite	Body Countour	ng Spa, LLC	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	Jessy &	Product Rigar	u d	
		Firm/Company		
	671 NE 19	95 St. Apt.	/26	1415 20
	North Minni	Beach 3,3179 City/State and Zip Code		20 APR 21
	<u>Sierralorelu</u> E-mail address: (to	pe used for future annual report notifi	macation)	2
For further information of	concerning this matter, please call	:		9: 3
Je.SS W	Rigard Rigar	at (736) 287- Area Code Daytime	580 / Telephone Number	•
ι				
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 Statu Certified Copy (additional copy is enclo	
Mailing Address Registration of Control Division of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810	

Note: A previous check was mailed in with a previous form, However, the fam.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vincerely your Z, LL	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on $8/2/2019$ and assigned
Florida document number <u> </u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Sincerely yourz Body Cou The new name must be distinguishable and contain the words Limited Liabil	ntouring SPA, LLC lity Company," the designation "LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
	_		□Remove
			□Change
			□Remove
			□Change
			
			□Remove
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			□Change

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(If an effe	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
the record ford is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	A