Florida Department of State

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Yo:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : UNION HSA LLC Account Number : 120150000070 Phone : (954)770-6227 Fax Number : (954)369-4446

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STUDIO JW BEAUTY LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO JW BEAUTY LLC					
(Name of the Limits	ed Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 02/11/20	20	and assign	ed
Florida document number L20000047876	<u> </u>				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the a	bbreviation "L.L.C	17
Enter new principal offices address, if applica	able:	4800 WEST HILLSB	ORO BLVD SUI	ГЕ #А7	
(Principal office address MUST BE A STREE		COCONUT CREEK,	FL 33073		
		 			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4800 WEST HILLSBORO BLVD SUITE #A7			
		COCONUT CREEK,	FL 33073		
B. If amending the registered agent and/or r	egistered office	address on our record	ds, <u>enter the nar</u>	ne of the new r	egistered
agent and/or the new registered office addres	ss here:				
Name of New Registered Agent:				2022 SBI SEORE	
New Registered Office Address:	4800 WEST H	ILLSBORO BLVD SUI	TE#A7		=>
New Registered Office Address.		Enter Florida st			
COCON		REEK	, Florida <u>3</u>	30733	
		City		Zy Lode	
New Registered Agent's Signature, if changing	Registered Agent	<u>•</u>		CD	

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>	<u>Name</u>	Address	Type of Action
MGR	JULIA WELPEL TEIXEIRA	4800 WEST HILLSBORO BLVD SUITE #A7	⊞ Add
		COCONUT CREEK, FL 33073	DRemove
			□Change
AMBR	JULIA WELPEL TEIXEIRA	4800 WEST HILLSBORO BLVD SUITE #A7	∃ Add
		COCONUT CREEK, FL 33073	□Remove
			Change
			□Add
			□Remove
			□Ađd
			□Remove
			☐ Change
			□Remove
			Change
			□Remove
			□Cbange

If amending any other information	enter change(s) here: (Attack	h additional sheets, if necessary.)
	•		
			
			
		·	
			
			
Effective date, if other than the dat (If an effective date is listed, the date must be a Note: If the date inserted in this block document's effective date on the Depart	loes not meet the applicable statu	(optional) Eling or more than 90 days after filing.) tory filing requirements, this date	Pursuant to 605.0207 (will not be listed as t
he record specifies a delayed effective da ord is filed.	e, but not an effective time, at 12.	:01 a.m. on the earlier of: (b) The	290th day after the
SEPTEMBER 02	2022	1 -/	
Dated			
Sign	ature of a member of authorized repr	esentative of a member	-
SUELY OLIVEIRA as D	esignee Appointee		
	Typed or printed name of	fsignee	

Filing Fee: \$25.00