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COVER LETTER

TO: Registration Section Division of Corpo						
SUBJECT:	MZ HOLISTIC	STUDIO LLC				
	Name of Li	mited Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are so	ubmitted for filing.				
Please return all correspond	lence concerning this matte	er to the following:				
	MARIA C	ARO LINA FASANO Name of Person	***			
	M2 HOL	STIC STUDIO LLC Firm/Company				
		1 155th PLACE #1514				
		Address				
	Miami	FL 33196 City/State and Zip Code				
		City/State and Zip Code				
	E-mail address	(to be used for future annual report noti	fication)			
For further information con	cerning this matter, please	call:				
MARIA CARDUNI	A FASANO	at (<u>978</u>) <u>394</u> – Area Code Daytim	0116			
Name of P	erson	Area Code Daytim	ne Telephone Number			
Enclosed is a check for the	following amount:					
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Se	ction	Street Address: Registration Se	ction			
Division of Cor		Division of Cor	Registration Section Division of Corporations			
P.O. Box 6327		The Centre of T	Fallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M2 HOLISTIC STUDIO (Name of the Limited Liability Company)	as it now appears on our reco	irds.)
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) inization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited liabili	ty company here:	
		202
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LI	LC" or the abbreviation "L.L.C.";
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	···	
Enter new mailing address, if applicable:	10691 SW 155th	PLACE # 1544
(Mailing address MAY BE A POST OFFICE BOX)	miami, FL	<i>y</i> *
	33196	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>ent</u> e	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	1	Florida
	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 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
<u>AMBR</u>	MARIA CAROLINA FASANO	10091 SW 155th PLACE #1514	l[]Adđ
		MiAMI, FL 33196	□Remove
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