## K20000278617

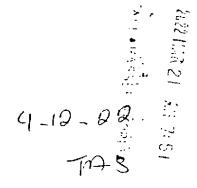
(Red	questor's Name)	
(Add	lress)	
(Add	fress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000383995150

03/21/22--01035--013 \*\*55.00



## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co.	rporations					
	ALON SPA-LLC					
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all corresp	ondence concerning this matter t	o the following:				
	LILIAM M IGLESIAS					
		Name of Person				
	LILYM SALON SPA LLC					
		Firm/Company				
	3390 SW 28 TERRACE					
		Address				
	MIAMI, FL, 33133					
	<del></del>	City/State and Zip Code				
	liliamiglesiasipsan@gmaii.c	om o be used for future annual report not	(tigation)			
For further information	concerning this matter, please ca		incanor)			
LILIAM IGLESIAS IPS	SAN	786 4062404				
Name	of Person	at () Area Code Daytim	ne Telephone Number			
Enclosed is a check for t	the following amount:					
		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address:	ation.			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 63:		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LILYM SALON SPA LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on LLC	and assigned
lorida document number L20000278617		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ILYM SALON &LI-ESTHETIC, LLC		
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET ADDRESS)	•	<del></del>
	<del></del>	
nter new mailing address, if applicable:		27
Mailing address MAY BE A POST OFFICE BOX)	-	22
		77 🖺
3. If amending the registered agent and/or registered office	address on our records,	enter the name of the new regist
gent and/or the new registered office address here:		<del></del> ,
Name of New Devistored Agents		eur 1
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street	address
		, 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 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:

Ą	1C	R	=	Ma	na	iger
	_				_	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Cnange
			□Add
			□Remove
			□ Change
			□Add
			——————————————————————————————————————
			Remove 22 DChanger
			☐Change:
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

<del></del>						_	<del></del>
			<del></del>				
	<del></del>		· · · · · · · · · · · · · · · · · · ·				
						···	
						·	
	<del>.</del>						<u> </u>
<del></del>						- :	1022 HAR
						- <del>-</del>	3.5
			<del></del>				<u></u>
		_					<u> </u>
						، د د	
						25 t	<u>on</u>
	Į.						
ctive date, if other than effective date is listed, the date	the date of fili	ng:			_ (optional	)	
e: If the date inserted in thi	is block does not	meet the appli	cable statutory	g or more than 90 c r filing requirem	lays after film ents, this dat	g.) Pursua e will not	nt to 605.0 Lbe listed
ument's effective date on th	e Department of	State's records	\$				
ord specifies a delayed effe filed.	ective date, but n	ot an effective	time, at 12:01	a.m. on the earli	er of: (b) T	he 90th c	lay after
Marzo , 13		2022					
,u		//	1-1				
			V 1 2 1 1 1 1 1				

Filing Fee: \$25.00