## L21000074627

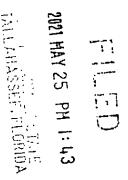
(Red	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
SUBJECT: LU	ru's Superior -	Touch of Health,	UC -
SUBJECT:	Name of Lim	ited Liability Company	Ng.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Lucien	ne C/x/GS	<del></del>
	•	Firm/Company	
	13909 Destin	Beach Ln	
	Or lan	do , FL 32827	
		City/State and Zip Code	
	Lucianne Chalas E-mail address: (	City/State and Zip Code  O gmail. Com  to be ased for future annual report notif	ication)
For further information	concerning this matter, please ca		
Lucienne	Chalas	ar (407) 271-6	678
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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:	
Registration Division of 6	Section Corporations	Registration Sec Division of Corp	
P.O. Box 63	-	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucy's Superior Touch o	of Health, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100074 627</u> .	were filed on $\frac{2/12/2021}{}$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Uniform Emporium, LLI		
The new name must be distinguishable and contain the words "Limited Liabil	1 rcs	2.
Enter new principal offices address, if applicable:	13909 Destin Beach L席	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32827 =	
	\$\$ <b>25</b> □	
	7	. [
Enter new mailing address, if applicable:	E 1 人	<u>ا</u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
Mauing uddress MAT BE A POST OF FICE BOX	<u> </u>	
B. If amending the registered agent and/or registered office a	addraws on our records onter the name of the new r	agistaras
agent and/or the new registered office address here:	address on our records, enter the name of the new r	e <u>sistere</u>
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	
	City Zip Code	
	Σιρ 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Timotheia Aurelien	13909 Destin Beach Ln	t√Add
		Orlando, Fr 32827	□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
		<u>A</u> .	2021 □Add
		ARASSEE FLORIDA	Remove Change
		ALILIA	—— □ Add
			□Remove
			□Change
			□Add
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lays after filing.) Pursuant to 605 ents, this date will not be liste
er of: (b) The 90th day after
<u> </u>
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