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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Filing	g Officer:	
JU	IN 21 2022	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Limi	ted Liability Company	
m	and the Comments	without for Gline	
	Amendment and fee(s) are subt		
Please return all correspon	ndence concerning this matter t	to the following:	
	MOLLIE MANN		
		Name of Person	
	LUNA SPA, LLC		
		Firm/Company	
	1500 VERMONT AVE		
		Address	
	SAINT CLOUD, FL 34769)	
		City/State and Zip Code	
	MOLLIE.BMANN@GMAI		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
MOLLIE MANN		407 908-4233 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	27	The Centre of T	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUNA SPA. LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on c Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on 02/22/20	and Reigned	
Florida document number L21000087855			
This amendment is submitted to amend the following:		بند بن انج انج	
A. If amending name, enter the new name of the limited liab	oility company here:		
LUNA SKIN STUDIO LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ition "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6900 TAVISTOCK LAKES BLVD, SUITE #110		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 328.	27 	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our recor	ds, <u>enter the name of the new register</u>	
New Registered Office Address:			
New Registered Office / Rancis.	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ree to act in this capa e performance of my	city. I further agree to comply with the 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>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Remove
			□Change
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ective date, if other than th	e date of filing:ust be specific and cannot be prior to d	(0)	ptional)	COE 030
 effective date is listed, the date mute; If the date inserted in this f 	ust be specific and cannot be prior to d block does not meet the applicable	ate of filing or more than 90 days a statutory filing requirements.	this date will not be I	505,020 listed a
cument's effective date on the I	Department of State's records.			
cord specifies a delayed effecti is filed.	ve date, but not an effective time.	at 12:01 a.m. on the earlier of	i (b) The 90th day a	fter the
s med.				
APRII, 27th	2022			
	1 1 M	•		
	Alle Man	ed representative of a member		

Typed or printed name of signee