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61/2/2014

2021 SEP 10 AM 8: 21
SECRETARY OF STATE

COVER LETTER

TO:. Registration Section Division of Corporations	
SUBJECT: DOULHOUSE Recovery 3 509 Name of Limber Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
100ha Bernod Robinson	
Doll Hase Recoary 3 Spa Firm/Chapany	
1036 NG Sorth Tor	
Mioni, PL 33179 City/State and Zip Code	
E-mail address: (to be used for future argual report notification)	
For further information concerning this matter, please call:	
Tocha Barred Colorea at (786) 313-1886 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Doll House Leaver	y & Spa, LLC	2021 SEP 10 AM 8: 20
(<u>Name of the Limited Liab</u> (A Florid	iv Company as it now appears on a Limited Liability Company)	OUT TARE TARY OF STATE TALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability (Company were filed on $03/$	22/2021 and assigned
This amendment is submitted to amend the following:	<u> </u>	
_		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida su	reet address
	City	Florida Zıp Code
	** **	AGA CAME

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 Title Address Type of Action Name 19622 NW 37th Ct GAD MGR Daniella Chin Memi CL 33055 | Remove _____ □Change _____ □Remove ____ □Remove _____ □Change _____ Remove ____ □Remove ___ Change

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Tan effective date is Note: If the date	other than the date listed, the date must be s inserted in this block d ive date on the Depart	pecific and cannot be loes not meet the a	prior to date of filin pplicable statutors	g or more than 90 c y filing requireme	_ (optional) lays after filing.) Pure ents. this date will	suant to 605 0207 not be listed as
e record specifies : d is filed.	a delayed effective date	e, but not an effect	ive time, at 12:01	a.m. on the earli	er of: (b) The 90i	h day after the
Dated Sept	ember 0	42	25-1			
Ich	wb l	nture of a member or	authorized represen	stative of a member	· · · · · · · · · · · · · · · · · · ·	
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