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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Веа</u> ца	ty Boutique (Med soa LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Galene V	Name of Person	
	Glow Stf	efe_ Firm/Company	
	13599 Alp	ne Ave	
		City/State and Zip Code	
	E-mail address: (121@ omail. Com	ication)
For further information con	ncerning this matter, please ca	<u>a</u> ll;	
Galene	Neal Person	at (<u>127)</u> <u>242</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

Beauty Box	utique	Medspa	75177 EFR -1 W	
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on ogramecords.) (1916) TALLAHASS	ESTATE FR. FI
The Articles of Organization for this Limited Li Florida document number <u>La 1800 144</u>		y were filed on	3/29/a1	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lial	bility company here	;	
Glow St. Pete. The new name must be distinguishable and contain the w	LLC			
The new name must be distinguishable and contain the warmer new principal offices address, if application of the contain the warmer new principal office address MUST BE A STREE	able:	2901 H St. Pe-	th S+ N	5704
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	nja		
B. If amending the registered agent and/or ragent and/or the new registered office addres	_	address on our rec	ords, enter the nam	e of the new registered
Name of New Registered Agent:	Ala			
New Registered Office Address:		E Eloui I	street address	
		enier r ioriae		
		City	, Florida	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Gregory Neal	13599 Alpine Ave Sem, FC	33776
			🗀 Remove
			Change
			□Add
			□Remove
		·	□Change
			□Add
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<u></u>			□Add
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			□ Change

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effecti e: If t	e date, if other than the date of filing:
cord sp filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t.
edl	Signature of a member or authorized representative of a member Typed or printed name of signee
	Signature of a member or authorized representative of a member