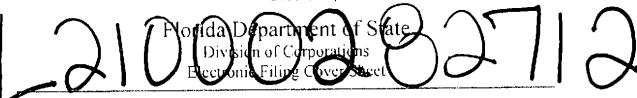
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Division of Corporations



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COVER LETTER

	Registration Sec Division of Corp					
		URY SCULPTING SPAILLC				
SUBJEC	T:	Name of Limit	ed Liability Company			
		Amendment and fee(s) are submedence concerning this matter to				
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company		03	
		101 N Brand Blvd 11th Fl			2021 JUL -8 SECRETAIN TALL SHASS	-17
			Address			1 !
		Glendale, CA 91203				[77
		rgarescher@yahoo.com	City/State and Zip Code		PH 2: 10 OF STATE FE. FLORIDA	C
		E-mail address: (1	o be used for future annual repor	t notification)	NE NE	
For furth	er information c	oncerning this matter, please ca	II:			
Cheyeni	ie Moseley		800 773-08 at ()			
	Name o	f Person	Area Code D	aytime Telephone Number		
Enclosed	f is a check for the	ne following amount:				
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed	Sectificate Certified C (additional co	of Status &	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ROSE LUXURY SCULPTING SPA LL	
(Name of the Limited L. (A F	inbility Company as it now appears on our records.) lorida Limited Liability Company)
	hity Company were filed on and assigne and assigne
Florida document number L21000282712	·
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	
B. If amending the registered agent and/or	registered office address on our records, enter the name of
registered agent and/or the new registered office	e address nerv
Name of New Registered Agent:	
New Registered Office Address:	
MEN KERISTELEN OTHER MONEY	Enter Florida street oddress
	Florida

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

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMBR	Rose Garescher	8910 MIRAMAR PARKWAY, #316 B MIRAMAR, FL 33025	₫
			_ □ Remove
			Change
AMBR	David Hanson	21423 NW 13 Court, Apt, #312 Miami, Ft, 33169	■ Add
			Remove
			Change
AMBR	Jaymesha Pierre	8310 Sherman Circle North, Apt. #103 Miramar, FL 33025	
			Remove
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lf an effec Note: If	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, the date inserted in this block does not meet the applicable statutory filing requirements, this date at seffective date on the Department of State's records.) Pursuant to 6	05.0207 (3 sted as the
ne reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the ear	ller of:
Dated	June 17 , 2021.		
	Signature of a member or authorized representative of a member		
	Rose Garescher		

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