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A. RIVERS JUL - 9 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Gla	w Skin Suit		
30b3EC1	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Uivan</u>	Nawe of Person	
	Glow Sk	Firm/Company	
	3689 Ta	mpa Rd, Sult	e 302 A
	Oldsmar	FL 34677 City/State and Zip Code	
	UWAN KNAWYA E-mail alldress: (i	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
VIVAN No	Person L	at (<u>\$13</u>) <u>219 -</u> Area Code Daytim	2 04 / ne Telephone Number
Enclosed is a check for the	e 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)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Co The Centre of 1	rporations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glow Stin Suite	· LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21 00632 6498</u> .	were filed on $\frac{7/19/2021}{}$	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
La Vian Image & Spa, LLC The new name must be distinguishable and contain the words "Limited Liabili		idada M. I. C.
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	2569 Countryside	Block
(Principal office address MUST BE A STREET ADDRESS)	2569 (ountryside Sunte #20 Clearmater FL 3	
	Clearmater FL 3	376/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	LAHASSE	FIL MAY-8
New Registered Office Address:		
	Enter Florida street address RD Florida	9: 52
	City	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
	<u>.</u>		□Add
			Remove
			□Change
	.		□Add
		 	Remove
		·	□Change
		<u> </u>	□Add
			□Remove
			□Change
	\ <u>-</u>		□Add
			□Remove
			Псь

n effecti <u>(te:</u> If (date, if other than the date of filing:
ecord s is 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 the
ted	May 1st 2023 Signature of a member or authorized representative of a member Vivan K. Nawlen Typed or printed name of signee
	Signature of a member or authorized representative of a member
	VIVAN K. MALLIEV)

ETT E 635.00