Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)385-8178 Fax Number : (214)317-4754

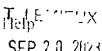
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIE C MEDSPA, LLC

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Estimated Charge	\$55,00	

Electronic Filing Menu — Corporate Filing Menu



From:

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COVER LETTER

TO: Registration So Division of Con			,35
ALLIE C N	MEDSPA, LLC		
SUBJECT:	Name of Lim	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
	 	Name of Person	
	Legaizoom.com, Inc.	Name of Limited Liability Company and fee(s) are submitted for filling. eming this matter to the following: e Moseley Name of Person on.com, Inc. Firm/Company rend Blvd (1th Fl Address c CA 91203 Cny/State and Zip Code spa@gmeil.com L-mail address: (to be used for future annual report notification) s matter, please call: at (
		Firm/Company	
101 N Brand Blvd 11th Fl			
		Address	· · · · · · · · · · · · · · · · · · ·
	Glendale, CA 91203		
	allicomedspa@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report nour	ication)
For further information of	concerning this matter, please c	aľ;:	
Cheyenne Moseley		800 773-0888	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tal.ahassee, FL 32301 Page: 04 of 36

13236068205 09/14/2023 15:35

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIE C MEDSPA, LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 10/14/2021 Florida document number L21000448257	, ar	d assigr	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Eula RX LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviati	აი "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	<u> </u>	^>?	
		77.99	
B. If amending the registered agent and/or registered office address on our records, en	nter the n	ame ôf	the nev
registered agent and/or the new registered office address here:		J 	
		S	
Name of New Registered Agent:		<u> </u>	رب
	<u> 5</u> -	œ,	
New Registered Office Address: Enter Florida street address		<u>2</u>	
Florid	a		
Cito	2	Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to out 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

_ Change

13236068205

09/14/2023 15:36

From:

τo

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
<u>.</u>			□ Add
			□ Remove
			Change
			Add
			☐ Remove

To.

From:

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From: Rajiv Srivar #206 P.005/005

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Effective date, if other than the if an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the Defective date on the Defective date on the Defective date.	ock does not meet the	applicable statutory		
he record specifies a delayed The 90th day after the reco		ut not an effecti ^o	ve time, at 12:01 a	.m. on the earlier of
September 7th Dated	2023			
	Signature of a member of			
	Sikuminte of a usember of	or authorized tepresent	tive of a monitor	

Page 3 of 3

Filing Fee: \$25.00