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2022 SEP 19 PM 1:00
TOLSON

A. BUTLER

DEC 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NALAJA MED SPAS AND SALONS, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Henry Koche
Name of Person

Nalaja Med Spas AND Salons
Firm/Company

619 SW 6th Ave
Address

FORT LAUDERDALE, FL 33315
City/State and Zip Code

hkoche@NALAJAMEDSPA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry Koche at (954) 954-599-4265
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

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

Street Address:

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**

NALAJA MED SPAS AND SALONS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

NOV 22 2021 9 PM 1:00

The Articles of Organization for this Limited Liability Company were filed on November 22, 2021 and assigned Florida document number L21000500710.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NALAJA MED SPAS AND SALONS, LLC.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 08, 2022

Henry S. Kochie

Typed or printed name of signee