122000010531

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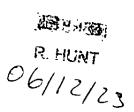
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COVER LETTER

TO: Registration Section

Div	ision of Corp	oorations		•	
	Meljestic Br	owns & Spa, LLC			
SUBJECT:	-	-			
		Amendment and fee(s) are sub	_		
		Melissa Martinez			
		· · · · · · · · · · · · · · · · · · ·	Name of Person	_ 	
		Meljestic Browns & Spa, I	LC		
			Firm/Company		
		1965 NW 183rd Terrace			
			Address		767.2
Pembroke Pines, FL 33029					E ven
		Melyesticso	City/State and Zip Code O 9 Mail. (200 to be used for future annual report not	(fication)	2 PM 9: 35
For further in	iformation co	encerning this matter, please c		FL	: 3 5
Melissa Mar	tinez		954 684-8766		
	Name of	Person		e Telephone Number	_
Enclosed is a	a check for the	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status & y
Reg Div P.C	iling Address gistration S vision of Co D. Box 6327 llahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations Fallahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	it now appears on our record y Company)	<u>s.</u>)			
The Articles of Organization for this Limited Liability Company were Florida document number L22000010531	filed on 01/03/2022	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability c	ompany here:				
Meljestic Spa, LLC					
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		6 3			
(Principal office address MUST BE A STREET ADDRESS)		درت			
Trincipal upite dual con 17001 DE 110112E1 110012E57		22,4			
		(S) (N) (1) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S			
		양유 구 를			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		A 25			
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ess on our records, <u>enter</u>	the name of the new regis			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:					
	Enter Florida street addres	N .			
	, Florida				
	City	Zip Code			

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	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□ Change □ Add
			2
			PH 9: 35
			□Change
			□Add
			□Remove
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fective date, if other than th	ie date of filing:				(optional)		
fective date, if other than the on effective date is listed, the date mote: If the date inserted in this	ust be specific and can	not be prior to	date of filing or	more than 90 da	ys after filing.) Pursua	int to 605.02
ocument's effective date on the	Department of State	ine applicables records.	ie statutory in	mg requireme	ins, tins date	WIII IIO	t be listed
ecord specifies a delayed effect	ive date, but not an	effective time	e, at 12:01 a.m	i. on the earlie	rof: (b) Th	e 90th	day after tl
is filed.							
May 22	2	023					
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ated							
ated May 22 Waltino V	Signature of a mem						