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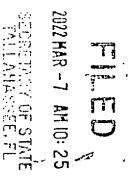
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER MAR 16 2022

COVER LETTER

TO:

TO: Registration So Division of Con			
The Hidde	en You, LLC		
SUBJECT:	Name of Lin	ited 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:	
	Daniela Nunez		
		Name of Person	
	The Hidden You Spa		
		Firm/Company	
	6027 W Clifton St		
		Address	
	Tampa, FL 33634		
		City/State and Zip Code	-
	thehiddenyouspa@gmail		
		to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
Daniela Nunez		813 4510225 at ()	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he 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		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Hidden You		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on ou Liability Company)	r records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) the Articles of Organization for this Limited Liability Company were filed on 01/24/2022 and assigned lorida document number 122000042912 this amendment is submitted to amend the following: 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 "LLC." anter new principal offices address, if applicable: 13911 N Dale Mabry Hwy Unit 104 Tampa, FL 33618 Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
	A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	13911 N Dale Mabry	Hwy Unit 104 Tampa, FL 33618
Principal office address MUST BE A STREET ADDRESS)		
• • • • • • • • • • • • • • • • • • • •		
	address on our records	, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, 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

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
AMBR	Daniela Nunez	6027 W Clifton St Tampa, FL 33634 United State	es ∎Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
an effecti ote: If I	date, if other than the date of filing:	5.02 ed
record s Lis 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	er th
Ja	nuary 23 2022	
ated		
	Signature of am suberor authorized representative of a member	
	Signature of anti-morth authorized representative of a member	
	Daniela Nunez	

Filing Fee: \$25.00