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(Red	questor's Name)	
- (Ado	dress)	.
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
N/C		

Office Use Only



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COVER LETTER

Division of Corpo			
SUBJECT: Jes	SSICA OGII	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jessica	Ogiony Name of Person	
S		Firm/Company	
	2 Melody	Lane	
	Stuart, F	City/State and Zip Code	
		upo de de la future annual report notif) ication)
For further information cor	icerning this matter, please ca	ill:	
JESSICA OO Name of	orson 9	at (772) 485 Area Code Daytime	- 8150 Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	★ S30.00 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)
11			
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, FI			e Street, Suite 810

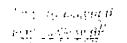
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Jessica Ogiony	LLC
JESSICA ODIONY (Name of the Limited Liability Compa (A Florida Limited Liability)	nv as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Salt Soul wellner The new name must be distinguishable and contain the words "Limited Liabil	'SS LLC
The new name must be distinguishable and contain the words "Limited Liabil	١.
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
me veel	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registeres</u>
Irie Stad P Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	imer i toriaa sireet aaaress
- 	, Florida City Zip Code
New Degistered Agent's Signature if changing Registered Agents	·

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
	NA			🗆 Add
				□Remove
et leagues est to	i			□Change
MOR = V				🗆 Add
				□Remove
				□Change
alakand a y Waliokala k				□Add
1. C.A. 2. C.A. 3. C.P.L.	<u></u>			□Remove
7 74***				□Change
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n effec <u>te:</u> I	re date, if other than the date of filing: 5 10 20 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
cord s file	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 d.
	July 24 2022
ted_	Sumature of a member or authorized representative of a member

Filing Fee: \$25.00

. . .