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Certified Co	opies	_ Certificates	of Status
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SECRETARY OF STATE

TO:

Registration Section **Division of Corporations** HALO HEAD SPA AND SALON LLC SUBJECT: __ 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: Rosaly Martinez Name of Person RCM Tax and Accounting Firm/Company 5027 S US HWY 17/92 Address Casselberry, FL 32707 City/State and Zip Code rosaly@remtaxacet.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rosaly Martinez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address:

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

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: F3200712-E8BE-40B3-8626-24B67D774766

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTBEAUTI STUDIO LLC					
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records Liability Company)	<u>.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on <u>07/21/2022</u>	and assigned			
Florida document number L22000324055					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
HALO HEAD SPA AND SALON LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1750 SUNSHADOW DR SUITE 134				
Principal office address MUST BE A STREET ADDRESS)	CASSELBERRY, FL 32707	2024 PACC			
Enter new mailing address, if applicable:		APR 22			
7	·	m 3 m			
Mailing address MAY BE A POST OFFICE BOX)		FEAT -			
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 t</u>	the name of the new regis			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	-			
	, F10	orida 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.

DocuSign Envelope ID: F3200712-E8BE-40B3-8626-24B67D774766 it amending Authorized rerson(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
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			□Remove
			☐ Change
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ecord specifies a delayed effecti	ve date hut not a	n effective tim	ne at 12:01 a.m	on the earlier	of: (b) The 90	Oth day after the
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