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(Re	questor's Name)	
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COVER LETTER

Division of Cor				
SUBJECT:	Jossas Car Name of Limi	- Spa LLC. ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
lease return all correspo	ndence concerning this matter	to the following:		
•	Jossadath 1	M. Albarran Mele	ndez	
		Firm/Company		SECRETARY OF STATE STATE OF ST
	2066	NE41s4 S4 Address	<u> </u>	6 - 1 - 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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	Oca	W, F134479		2 S
	Jossada 1:-mail address: (1	City/State and Zip Code Ath 75@gmail. Code to be used for future annual report no	otification)	4 8
For further information co	oncerning this matter, please ca	•	,	
Jossadath M Name of	1. Albarran Melende Person	at (321) 302 Area Code Dayti	- 4022 me Telephone Number	_
Enclosed is a check for th	ne following amount:			
IT \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration S		Street Address: Registration S	ection	
Division of C		Division of Co		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	impany as it now appears on ited Liability Company)	our records.)	·	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22<i>CO</i>03.39070</u> .	oany were filed on <u>Au</u>	gust 1	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
JOSSA Car Spa LLC. The new name must be distinguishable and contain the words "Limited I			 	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the design	nation "LLC" or the ab	obreviation "E.l.	"C."
Enter new principal offices address, if applicable:			 	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			22	<u> </u>
			Auc	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Enter new mailing address, if applicable:			-	95:-
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(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
			<u> </u>	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	rds, <u>enter the nam</u>	e of the new	registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	street uddress		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:			

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>	Name	<u>Address</u>	Type of Action
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