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COVER LETTER

TO: Registration Section **Division of Corporations** Clark and Co Esthetics, 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: Robert Clark Name of Person Clark and Co Esthetics Firm/Company 1561 NE 52nd Ave Address Ocala, FL 34470 City/State and Zip Code clark@clarkandcowellnessspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Clark 425-8593 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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 Compa Florida Limited	ny as it now appears on ou Jiability Company)	r records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on 8/30/2022		_ and assigned
Florida document number 1.22000382082	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liab	ility company here:		
Clark and Co Wellness Spa, LLC				
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	le:	2320 NE 2nd St		
Principal office address MUST BE A STREET.		Suite 2B	CO Lu (TI)	2024
		Ocala, FL 34470		5
			<u> </u>	24
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1561 NE 52nd St	(S)	- III
		Ocala, FL 34470	17 (1) (1) (2)	- S
			프科	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our records	s, enter the name o	of the new regi
Name of New Registered Agent:	Robert Clark			<u>-</u>
New Registered Office Address:	1561 NE 52nd	Ave	_	
	Enter Florida street address			
	Ocala		, Florida ³⁴⁴⁷⁰)
		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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove

Page 2 of 3

Effective date, if other than the date of filing: (If an effective 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 (2) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated September of a member of a		
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