22000409498

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 DEC -5 AH 10: 15%
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/5/2023	_	₩11/ ,	IV D
ENTITY NAME ^{Blu} Ar	mhiance Sna LLC	··WA	LK IN
ENTIFY NAME DIG 7	Holance opa LEO		
DOCUMENT NUMBER			
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NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25	_	ACCOUNT #: I20160000072	
		E 8 FM	
		any issues or concerns. Thank you so much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Blu Ambiance Spa LLC	2023 D=C =5 AH 10: 15		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) All [U: 5]		
The Articles of Organization for this Limited Liability Company Florida document number L22000409498	were filed on 12/04/2023 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Blu Ambiance Day Spa 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:	8951 Bonita Beach Rd SE 02		
(Principal office address MUST BE A STREET ADDRESS)	Bonita Spring , FL 34135		
	Lee CountyUS		
Enter new mailing address, if applicable:	8951 Bonita Beach Rd SE 02		
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Spring . FL 34135		
 	Lee CountyUS		
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 registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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 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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
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		1/4	Change
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			□Remove
			□Change
			□Add
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			☐Change
			□Add
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			□ Channa

	Grisel Gonzalez, Member				
	/s/Grisel Gonzalez	nature of a member or autho	rized representative c	of a member	
Dated 12	/04	. 2023	<u></u> ·		
he record stord is filed.	pecifies a delayed effective da	te, but not an effective tii	me, at 12:01 a.m. o	n the earlier of: (b) The	90th day after the
(If an effecti Note: If	date, if other than the dat ive date is listed, the date must be the date inserted in this block is effective date on the Depar	specific and cannot be prior does not meet the applica		re than 90 days after filing.) F	
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Filing Fee: \$25.00