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COVER LETTER

Tallahassee, FL 32314

TO:		istration Sect sion of Corpo					
CUD IE		THE SPA ST	EW LLC				
SUBJECT: Name of Limited Liability Company							
The encl	losed	Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please re	eturn	all correspond	dence concerning this matter t	o the following:			
			LAURA RIERA				
				Name of Person			
				Firm/Company		<u> </u>	
1416 SW 150 AVE							
				Address			
			MIAMI FL 33194				
			TATEL DES ADDIZONA	City/State and Zip Code			
			LAURARIERARUIZ@GM E-mail address: (t	o be used for future annual r	eport notification)		
For furt	her ir	nformation co	ncerning this matter, please ca	ıll:			
SEBASTIAN ALVAREZ				786 970	3456		
		Name of	Person	Area Code	Daytime Telephone	: Number	
Enclose	ed is a	check for the	following amount:				
■ \$25	5. 00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		iling Address		Street Ad			
Registration Section Division of Corporations				Registration Section Division of Corporations			
P.O. Box 6327				The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SPA STEW LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/30/2023	and assigned
lorida document number L23000054171	_·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
SPA STEW LLC		20 :
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" o	r the abbreviating "L.L.C."
nter new principal offices address, if applicable:		A T
Principal office address MUST BE A STREET ADDR	ESS)	
		30 2
		9: -
nter new mailing address, if applicable:		FF 9
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	office address on our records, enter the	e name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Paris and COT of Allega		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			🗀 Add
			□ Remove
		·	☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (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 (3)(b) 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.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

O3/14

Dated

Typed or printed name of signee