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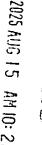
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COVER LETTER

TO: Registration Sec Division of Corp			
	L&A SPA LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	LADY J RODRIGUEZ		
		Name of Person	
	HARMONY L&A SPA LL	С	
	-	Firm/Company	
	1690 DELIGHTFUL DR		
		Address	
	DAVENPORT FL 33896		
		City/State and Zip Code	
	rodriguezmalaverladyjinn E-mail address: (t	etn@gmail.com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
LADY J RODRIGUEZ		407 433-7232 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	

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

I'm I a la

2025 AUG 15 AM 10: 22

HARMONY L&A SPA LLC	2020 A00 10 ATTO EE
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) 51A1E ed Liability Company) TALL SSEE, FL
The Articles of Organization for this Limited Liability Compa Florida document number L23000054380	any were filed on 01/30/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
HARMONY SPA BY LADY LLC	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	Florida Zin 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
			□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change

<u></u>		
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Note: 1	e date, if other than the date of filing:	0207 ed as
e record ad is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.	the
Dated _	2025	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00