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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FROST Your Self Spa 26.  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:		
TiNA L. OteRO  Name of Person		
Frost YOURSELF SPA LLC Firm/Company		
10030 Glen Moor Lane		
10030 Glen Moor Lane  Address  PORT Richey FL. 34668  City/State and Zip Code  FROST YOURS FLFSPA DEMATL: CON  E-mail address: (to be used for future annual report notification)		
FROSTYOURSELFSPA & GMAIL CON	1	
For further information concerning this matter, please call:	/ F2	
TINA OFFRO at 630 440 - 8818  Name of Person Area Code Daytime Telephone Number	2023 APR 17	· 20
		, 4
Enclosed is a check for the following amount:	PH 4: 2"	,4024 1.1
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	27	

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

FROST YOURSE (Name of the Limited Liability Con (A Florida Limite	AP SPA	ears on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number			2023 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company	here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the	e designation "LLC" or th	e 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)			<del></del>
B. If amending the registered agent and/or registered office	e address on our	records, enter the n	ame of the new registered
agent and/or the new registered office address here:			: · · · · ·
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida street address			
	Florida		
<del></del>	City	, , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing Registered Agent	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance o is provided for in	of my duties, and La a Chapter 605, F.S. (	m familiar with and Or, if this document is

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
AMBR	TiNA Lynn Otero	10030 Glen Moor La PORT Richey, FL. 3	<u>J</u> ⊡⊼dd 4668
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			□Change
			□Add
			DRemove
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			(*) (*) home

Filing Fee: \$25.00

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