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J. HORNE
FEB 2 3 2024





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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJEC		TIC KEY WATER BEAUTY S	SPA LLC	
30000	·'·	Name of Lin	nited Liability Company	·
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ALBERTO ANDRADE		
			Name of Person	
		 .	Firm/Company	·
		1003 HIALEAH LN		
			Address	
		KEY LARGO		
		GONZALEZ9400@YAHO	City/State and Zip Code OO.COM	
		E-mail address: (to be used for future annual report no	tilication)
For furthe	er information o	oncerning this matter, please co	all:	
ALBERT	O ANDRADE		305 281-2402	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	is a check for t	ne following amount:		
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1]	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AESTHETIC KEY WATER BEAUTY SPAILLC

The state of the s (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie	ability Company	were filed on 03/0	07/2023	and assigned
Florida document number L23000118391	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	2:	
Andrade's Elite Occasion Planners LLC				
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the desi	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1003 HIALEAH LN KEY LARGO, FL 33037		
P. A. C.		1003 HIALEAH I	N'	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	KEY LARGO, FL	. 33037	
				
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a	address on our reco	ords, <u>enter the name</u>	e of the new registered
	<u> </u>			
Name of New Registered Agent:	ALBERTO AN	DRADE		
New Registered Office Address:	1003 HIALEAI	HLN		
		Enter Florida	street address	
	KEY LARGO		, Florida _ ³³⁰	137
	-2	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 A	gent, 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 = Ma $AMBR = Au$	mager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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ective date, if other th	an the date o	f filing: 02/15/2024		(on	tional)	
effective date is listed, the e: If the date inserted in	date must be spec	rific and cannot be prior to	date of filing or m	ore than 90 days aft	er filing.) Pursuant to	605.0207
ument's effective date o	n the Departme	nt of State's records.	oie statutory min	g requirements, ti	ns date will not be	listed as
cord specifies a delayed	effective date, b	out not an effective tim	ie, at 12:01 a.m. o	on the earlier of: (b) The 90th day a	after the
s fi le d.						
FEBRUARY 06		/2024				
.u		—// ——	_·			
		Acres				
	Signapar	of a member or author	zed representative	of a member	 `	•
ALBERTO ANI	DRADE /					
	' /					

Filing Fee: \$25.00