## L23000129812

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>,</b>
(Document Number)
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t	COVERLETTER Only interested in
TO: Registration Section	· Changing blusiness,
Division of Corporations	- everything else ste
SUBJECT: Allure Body	COVERLETTER Only interested in Charging blusiness, -everything else ste Spalle The same-
Name of I	infited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Patricia	Hartfield Name of Person
Allure 7	Budy Spa, UC Firm/Company
Mailired P.O. BT	)X 352 Address
Merbour	City/State and Zip Code
Puthart Fie E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Patricia Hartfield Name of Person	at (321 ) 271 – 58 23 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Period and market and

	OF	FILED
Allure Body Sac (Name of the Limited Liability Com (A Florida Limite	npany as it now appears ed Liability Company)	2023 111 12 04 4
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000129812</u>	•	1/3/ 20 23 ASS Ednd Faksigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	Seminote Are
(Principal office address MUST BE A STREET ADDRESS)	Melbo	urne, FL 32901
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. R Melbo	00x 352 wne, FL 32902
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our re	cords, enter the name of the new registered
Name of New Registered Agent:		_
New Registered Office Address:	Enter Flori	da street address
		P1 3.4

## 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.

City

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
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
		<del></del>	□ Change
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			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an et <u>Note:</u>	tive date, if other than the date of filing: August 15.4 2023 (optional)  fective 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco record is f	rd 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 eled.
Dated	July 7 <sup>12</sup> . 2023.
	Jatricio Faithfield  Signature of a member or authorized representative of a member
	Tatrida Hartfield  Typed or printed name of signee