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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: _ \frac{1}{2}	ie House Esthet	ic Spa LLc	
	Name of Lim	ited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jobo	Name of Person	
	l	Firm/Company	
	4019 Palmba	Address	2023 ICAN
	West Polmbeo	Ch, FL, 33406 City/State and Zip Code	-5 -5 -8
	the House esthe	HICSPA @ Cmoil, com	nication)
For further information of	concerning this matter, please co	dl:	
Johan Riv	C.5OA of Person	at (<u>257</u>) <u>49</u> 800 Area Code Daytime	124 Telephone Number
Enclosed is a check for t	he 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 Addre	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears (ted Liability Company)	on our revords.)		
The Articles of Organization for this Limited Liability Compa	any were filed on		and a	ssigned
lorida document number				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited l	liability company her	<u>e</u> :		
he new name must be distinguishable and contain the word: "Limited L	liability Company," the des	ignation "LLC" or the	abbreviation."	i. L.C."
Inter new principal offices address, if applicable:			 	
Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:			2; <u>5</u>	
Mailing address MAY BE A POST OFFICE BOX)				
		<u>:</u>	<u>। । । । । । । । । । । । । । । । । । । </u>	
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our re	cords, <u>enter the n</u>	ame of the n	<u>ew regis</u>
Name of New Registered Agent:	Jober	Rivera		
New Registered Office Address:	Enter Flori	da street address	<u> </u>	
	City	, Florida	Zıp Cod	

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 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>	Name	Address	Type of Action
46R	Jober Rivero	4019 Polm boy Cr Until A West Polm beach FL, 33406	XAdd
		WELL LAW AGON IN THE 2010 OF	□ Remove
			□Change
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ffective date, if other than the date of filing:	е аррисато ѕи	of filing or more than tutory filing requi	(option: 90 days after fili rements, this d	a l) ing.) Pur ate will	suant to t not be l	605,020 isted :
record specifies a delayed effective date, but not an effe I is filed.	lective time, at	12:01 a.m. on the	earlier of: (h)	The 90	ith day a	fter th
Dated 04/28/23	/- -					
Signature of a member	For authorized r	presentative of a m	ember			
~						

Filing Fee: \$25.00