# 123000286116

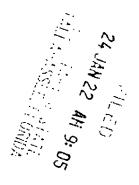
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Has	er Removal Cer	nter UC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	- Noncy	Londono Tobar.	
		Traine of Fernan	
	Hatr Re	emoral Center. J	LIC.
	600 Parl	VPew D. #701 Address	
	- Hallandal	Address  E FL 33009.  City/State and Zip Code  CITY (Company). Company (Company).	
	E-mail address: (to	or tre (warray). Com	ication)
For further information con	cerning this matter, please cal		
Name of P	rdono Tobar	at ( <u>954</u> ) <u>774 7</u> Area Code Daytime	89) 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  Half Permoval Center 11 C (Name of the Limited Liability Company as it now appears an our records)	
Har Removal Center JC  (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 Liability Company were filed on $\frac{66/13/2023}{2023}$ and assigned Florida document number $\frac{123000286116}{2023}$ . This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  Spa Harr Salon LLC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  ——————————————————————————————————	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> gent and/or the new registered office address here:	<u>ed</u>
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	

### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an effe Note:	ve date, if other than the date of filing:
docume	in a circuit date on the Department of State & records.
the record ford 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 the ed.
Dated_	Signature of a member or authorized representative of a member
	Mari
	Signature of a member or authorized representative of a member
	MANY KONSONO TOGAR.  Typed or printed name of signee