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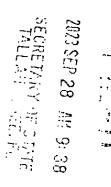
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COVER LETTER

TO;	Registration Sec Division of Corp			ger ^M e	
SUBJE	ect: <u>Acqu</u>	DA SALON A Name of Lim	Od SPG LLC ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Emily	Manu of Person	Ω	
		Acqua S	alon and SPC Firm/Company	<u></u>	
		2960 HI	DISCUS AVE	20°	
		Lquaerd	City/State and Zip Code	3331 BREEZE 2	
		E-mail address: (antsman1@9me to be used for future annual report notif	ail-con 🚟 🌼 🗀	
For furt	ther information co	ncerning this matter, please ca	ell:	: 254 - 69 1 (15): - 63	" ame
Er	NAME of	antsman Person	⁽¹⁾	5099 Telephone Number	
Enclose	ed is a check for the	e following amount:			
⊠ \$2:	5.00 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)	

TO:

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

Acous Balon And SPA (Name of the Limited Lizbility Com (A Florida Limite) The Articles of Organization 6. 111	pany as it now appears on our records.)
The Articles of Organization for this Limited Liability Companies Florida document number <u>L 2 3000 3 30 20 2</u> .	by were filed on 7/12/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	DNIT 108 LAUDERDAL MARY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEA, FL. 33308 SECRETAR 28
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	
Name of New Registered Agent: Emily Mew Registered Office Address: 29100 H	BISCUS AVELLANDERCOME LAKET Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City , Florida 33311 Zip Code

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

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>	<u>Address</u>	Type of Action
AMBR	Emily Marantsman	2960 Hibiscus Ave	12 Add
		Lauderdale Lakes, FL	Remove
		33311	□Change
AMBR	Yelena Marantsmo	in 2960 Hibiscus Ave	🛮 🗖 Add
		Lauderdale Lakes, FL	🗆 Remove
		<u>33311</u>	□ Change
			□ Add
		SECRETAL ALL	Remove Change
			□□ Remove □□ □ Change
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rective date, if other than the date of filing: 9/10 no effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the application cument's effective date on the Department of State's records.	able statutory filin	and the section of	itional) ter filing.) I his date w	Pursuant to	o 605.0. : listed
ecord specifies a delayed effective date, but not an effective ti is filed.			(b) The	90th day	after t
Enally Signature of a member or author	 /				
Sur Old Marin		- Caramahari			