(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Docur	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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12/8/27

## **COVER LETTER**

ETERNAL SUBJECT:	SPRING SPA LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
	Głauce De Siqueira				
		Name of Person	<del> </del>		
	Avalon Accounting Solution	ons Inc			
		Firm/Company			
	8220 SW 24th St 4304				
		Address			
	North Lauderdale, FL 3300	68			
		City/State and Zip Code			
	avalonsvs@hotmail.com				
	E-mail address: (	to be used for future annual report notific	ration)		
For further information co	oncerning this matter, please ca	ıll:		3,104	, 4
Glauce De Siqueira		954 945-0983 at ()		2	
Name o	Person	Area Code Daytime	l'elephone Number	्राप्ताः स्टब्स्	
Enclosed is a check for th	e following amount:			9: 14	0
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address Registration S		Street Address: Registration Sect	ion		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> 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

( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>~</u> )
The Articles of Organization for this Limited Liability Corida document number L23000352202	Company were filed on 07/26/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		: 12
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>	d office address on our records, enter i	the name of the new registere
gent and/or the new registered office address here.		و المالي
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		·
-	Enter Florida street address	;
		orida
	City	Zip Code

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

ETERNAL SPRING SPAILLC

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>	<u>Name</u>	Address	Type of Action
MGR	ELIANA M PEREZ OSORNO	382 LAKEVIEW DR. APT 201	□ Add
		WESTON, FL 33326	□Remove
			<b>■</b> Change
MGR	SOFIA HOYOS	382 LAKEVIEW DR, APT 201	□Add
		WESTON, FL 33326	■Remove
			Change
		□ Add	
			□ Add    Change   Ch
		□ Change	
			□Add
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(If an el Note:	ve date, if other than the date of filing:	ional) or filing.) Pursuant to 605.02 tis date will not be listed	(07 (3)(h) as the
the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ed.	b) The 90th day after th	ie
	NOVEMBER 3rd 2023		
Dated	NOVEMBER 3rd 2023		

Typed or printed name of signee