# L3300511475

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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Mall Stry beauty lunge & Med Spa L	tus &
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alexandra Morales	
Cliq HOSpitality	
2800 BISCAYNEBLUD Unit 820	
MMMI, FL 33137  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	7
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	- ` -
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ 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**

The Marsty beard (Name of the Limited Liability Companion (A Florida Limited Liability Companion)	y asiit now appears on our records.) ability Company)	ed spa LLC
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23001511875</u>	vere filed on $\frac{1132023}{}$	<u>b</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ry Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2800 biscayne b Miami, Fl 331	11/1 unit 82(
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		- 1
	Enter Florida street address	<b></b> •
	, Florida	Zip Code

## 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 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 **Type of Action** Address Title Name MONICA M VEICZ 5890 West 25th court DAD Hidlean FL 33016 XREMOVE \_\_\_\_\_ Change MGR Mohamed Byram Zaied 665 NC 25 St XADD APT 1803 MIAMI, F1 33137 \_\_\_\_\_ Change Remove \_ Change \_\_\_\_\_ □Add □ Remove \_\_\_\_\_ Change □ Remove

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record specifies a delayed e Lis filed.	ffective date, but n	ot an effective time,	at 12:01 a.m. on the	carlier of:)(b) The 90t	h day after the
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1 1	Signature of	a member or authorize	ed representative of a n	nember	
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Filing Fee: \$25.00