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2024 HAY 23 AM 2: 56

COVER LETTER

Division of Corporations
SUBJECT: HZOASIS IV HUGLAHION LOUME LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kaitlyn Pubree
Name of Ferson
Firm/Company
430 3 Rd Avenue S. #377
St. Petersburg FL 33701
Kgibre 110 annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaityn Cribree at 127, 420.5251 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

H20 ASIS IV Hydration Lourge LLC	
(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 12/4/2023 Florida document number <u>L230005310270</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: H 2 OAS S Wellness Center LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above the second of the limited liability Company, the designation "LLC" or the above the second of the limited liability Company, the designation "LLC" or the above the second of the limited liability Company here:	
Enter new principal offices address, if applicable:	2024
(Principal office address MUST BE A STREET ADDRESS)	HAY T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23 AM 2:56
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	ie of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florida street address	
, Florida, City	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 ag provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the lincompany has been notified in writing of this change.	familiar with and if this document is

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
			□Add
			□Remove
			Change
		□Add	
		□Remove	
		□Remove	
			□Change
			□Add
		□Remove	
		□Add	
		□Remove	
			□Change
		□Add	
			□Remove
			□Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ne recor	d 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 led.
Dated	May 16th 2024.
	Signature of a member or authorized representative of a member
	$\mathcal{L} = \mathcal{L} \cup \mathcal{L}$

Filing Fee: \$25.00