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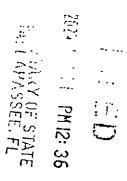
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Special Instructions to	Filing Officer:	

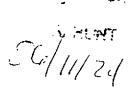
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COVER LETTER

	gistration Se ision of Cor					
SUBJECT	Modern Art	istry Suites LLC				
SUBJECT:		Name of Lim	ited Liability Company		_	
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Kimberly Pampan				
			Name of Person			
		Modern Artistry Suites, LI	LC			
			Firm/Company			
		2630 W Broward Blvd 203	32-1733			
			Address			53.
	Fort Lauderdale, Fl 33312					
			City/State and Zip Code			. <u>.</u>
		Kimberly@modernartistrys			NKY OF	
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification))FST	
Kimberly Pa			917 731-3950		-TE	36
	<u> </u>	f Person	at ()	ne Telephone Nun		
	Name o	reison	Area Code Dayon	ne reteptione Nuir	10¢f	
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 H	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	ficate of S fied Copy	Status &
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection		
	-	orporations	Division of Co			
P.C	D. Box 632	7	The Centre of	Tallahassee	_	
Tal	liahassee, i	FL 32314	2415 N. Monro	be Street, Suite	e 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modern Artistry Salon Suites LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L24000193208}{L24000193208}$.	any were filed on $\frac{4/30/20}{1}$	24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
Modern Artistry Suites LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	ù		
		<u>41.</u>	2
Enter new mailing address, if applicable:		CLAH)	-
(Mailing address MAY BE A POST OFFICE BOX)		SS C	- III
		S. III.	<u> </u>
		근	ω
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our recor	ds, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Adđ
			□Remove
			□Change
			□Add
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ffective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be p	prior to data	of filing or m	ora than 00 da	(optional)) Duren	ant to 605 026
ote: If the date inserted in this block does not meet the ap	oplicable st	atutory filin	g requiremer	its, this date	will no	of be listed a
ocument's effective date on the Department of State's reco	ords.					
record specifies a delayed effective date, but not an effective	ve time, at	12:01 a.m.	on the earlier	of: (b) Th	e 90th	day after the
is filed.						, ,
May 15 2024						
ated						
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