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COVER LETTER

Division of Corporations				
	Name of Lin	nited Liability Company		
Articles of	Amendment and fee(s) are sub	omitted for filing.		
all correspo	ondence concerning this matter	to the following:		
	JINNETH NARANJO			
	Jinni	Name of Person A CCU O Firm Company		
	19519 WEATHERVANE	WAY		
		Address		
	WESTLAKE, FL, 33470			
		City/State and Zip Code		
		-	Irlientians	
formation c		·	micanon)	
ARANJO		-1 561 567 39	49	
Name o	f Person	Area Code Dayti	me Telephone Number	
check for th	ne following amount:			
iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Street Address: Registration S	ection	
Division of Corporations		Division of Co	rporations	
			Tallahassee oe Street, Suite 810	
	Articles of all corresponding Address istration of C. Box 632	IASHES & SPA AT 561 LLC Name of Lin Articles of Amendment and fee(s) are sub- all correspondence concerning this matter JINNETH NARANJO 19519 WEATHERVANE WESTLAKE, FL, 33470 ASESORESMORAMEJIA E-mail address: (formation concerning this matter, please of ARANJO Name of Person check for the following amount: thing Fee \$\sum_{\text{S}} \text{S30.00 Filing Fee & Certificate of Status} ling Address: (istration Section	IASHES & SPA AT 561 LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: JINNETH NARANJO Name of Person Fine Company 19519 WEATHERVANE WAY Address WESTLAKE, FL. 33470 City/State and Zip Code ASESORESMORAMEJIAS@GMAIL.COM E-mail address: (to be used for future annual report not formation concerning this matter, please call: ARANJO Name of Person Area Code Dayti check for the following amount: thing Fee Certificate of Status Certified Copy (additional copy is enclosed) Image Address: istration Section Registration Section Siston of Corporations Box 6327 The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 07/08/2024 and as Florida document number L24000304982 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LASHES & SPA AT 561, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LEC" or the abbreviation "Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the neagent and/or the new registered office address here: Name of New Registered Agent:	
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Name of New Registered Agent:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, Sip Code	
·	<i>t</i>
New Registered Agent's Signature, if changing Registered Agent:	

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> Name Address Type of Action ______ 🗆 🗆 🗆 Add _____ □ Add ____ □Change ____ □Add _____ □Remove _____ □Change _____ □ Add _____ □Change ______ 🖂 🖂 Add _____ □Remove

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Filing Fee: \$25.00

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