## (M)

# L24000307345

(Re	questor's Name)	
,		
104	dress)	
(AO	G( <b>e</b> 55)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	-
PICK-UP	WAIT	MAIL
- (Ru	siness Entity Name)	
(50-	omess Entity Hame,	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Eiling Officer:	
opecial instructions to	ming Officer.	

Office Use Only



600437476296

10/08/24--01025--004 \*\*25.00

### **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Section Division of Corpor	rations		
SUBJE	cr.	and Luxe Li	LC	
SOBJE	C1:		ted Liability Company	
The enc	losed Articles of Am	endment and fee(s) are sub-	nitted for filing.	
Please re	eturn all corresponde	ence concerning this matter t	to the following:	
		Cri	ISTAL SOTO	
			Name of Person	
			Firm/Company	
		10170 11th 8	t. N Apt. 205	
			Address	
		St. Petersburg	FL, 3371L0	
	-	1ts. Crystal	FL, 33716 City/State and Zip Code Sto P gmail · Com o be used for theore annual report noti	fication)
For furt	her information conc	erning this matter, please ca	sill:	
	Crusta	1 Soto	727 280.3	3705
	Name of Pe	erson	at ( <u>72</u> <u>280 · 2</u> Area Code Daytim	e Telephone Number
Enclose	ed is a check for the f	following amount:		
	-	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	ation.	Street Address:	ation
	Registration Sec Division of Cor		Registration Se Division of Cor	
	P.O. Box 6327	<del>-</del>	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 \_\_\_\_ and assigned Florida document number L24000307345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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
			\ \ \ \_Add
			Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
	<del></del>	□Remove	
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change

amend —-	Article III amendment
_	All things Nails, Manicures, pedicures, Gel, Gelx, Nail designs, Nail Art, Nail Polish. Spa Services, Head Spa, Scalp massages, arm + hand
	Nail designs, Nail Art, Nail polish.
-	massages, Shampoo of Condition
	Thoissuges, enampee
	Cafe, Studio + Spa
_	Serving Coffee, Juices, waters, Drinks NON AlcoHolic
_	Small Sandwhickes, Breakfast items, Snacks
-	
n effect ote:   If	date, if other than the date of filing: DC+0ber 2nd, 2024 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	October 2nd 2024
	Signature of a member or authorized representative of a member  (
	L'isternal Som

\*\* \*\* \*\*

Filing Fee: \$25.00