## L250000 64232

| (Requestor's Name)                      |      |  |  |
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| (Address)                               |      |  |  |
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|   |      |  |  |
| (City/State/Zip/Phone #)                |      |  |  |
|   |      |  |  |
| PICK-UP WAIT                            | MAIL |  |  |
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| (Deines Faire)                          |      |  |  |
| (Business Entity Name)                  |      |  |  |
|   |      |  |  |
| (Document Number)                       |      |  |  |
|   |      |  |  |
| Certified Copies Certificates of Sta    | atus |  |  |
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| Special Instructions to Filing Officer: |      |  |  |
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| Corapne                                 |      |  |  |
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000438439860

## **COVER LETTER**

TO:

|   | ation Sec<br>n of Corp |   |  |               |  |
|---|------------------------|---|--|---------------|--|
|   | Ã- MASS                | SAGE THERAPY LLC                                      |  |               |  |
| SUBJECT:Name of Limited Liability Company |                        |   |  |               |  |
| The enclosed Ar                           | ticles of A            | amendment and fee(s) are sub                          | omitted for filing.  |               |  |
| Please return all                         | correspon              | dence concerning this matter                          | to the following:  |               |  |
|   |                        | Nyanna Smith  |  |               |  |
|   |                        |   | Name of Person   |               |  |
|   |                        |   | Firm/Company   |               |  |
|   |                        | 1955 SWEET OLIVE COU                                  | URT  |               |  |
|   |                        | <del></del>   | Address  |               |  |
|   |                        | JACKSONVILLE, FL 322                                  | 218  |               |  |
|   |                        |   | City/State and Zip Code  |               |  |
|   |                        | nikkiny01@gmail.com                                   |  |               |  |
| For further infor                         | nation co              | E-mail address: (i<br>neerning this matter, please co | (to be used for future annual report notification)   |               |  |
| Nyanna Smith                              |                        | 9   | 904 708-2457   |               |  |
|   | Name of                | Person  | at ()  | _             |  |
| Enclosed is a che                         | ck for the             | following amount:                                     |  |               |  |
| S25.00 Filin                              | g Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status          | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F<br>Certified Copy Certificate of St<br>(additional copy is enclosed) Certified Copy<br>(additional copy is | Status &<br>v |  |
| Mailing Address: Registration Section     |                        |   | Street Address: Registration Section   |               |  |
| Division of Corporations                  |                        |   | Division of Corporations   |               |  |
| P.O. Box 6327                             |                        |   | The Centre of Tallahassee  |               |  |
| Tallahassee, FL 32314                     |                        | L 32314   | 2415 N. Monroe Street, Suite 810   |               |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Nume of the Limited Link                                     | ility Company us it more appages on our go                                 | warde)                                |
|---|--|---------------------------------------|
| (A Flori  | ility Company as it now appears on our re<br>da Limited Liability Company) | (CHI US.)                             |
| he Articles of Organization for this Limited Liability        |  | and assigned                          |
| lorida document number L25000064232                           | <del>.</del>   |                                       |
| his amendment is submitted to amend the following:            |  |                                       |
| . If amending name, enter the new name of the lin             | mited liability company here:  |                                       |
| lei Massage Therapy LLC                                       |  |                                       |
| he new name must be distinguishable and contain the words "Li | mited Liability Company," the designation                                  | 'LLC" or the abbreviation "L.L.C."    |
| nter new principal offices address, if applicable:            |  |                                       |
| Principal office address MUST BE A STREET ADE                 |  |                                       |
|   |  |                                       |
|   |  |                                       |
| nter new mailing address, if applicable:                      |  |                                       |
| Mailing address MAY BE A POST OFFICE BOX)                     |  | · · · · · · · · · · · · · · · · · · · |
| running dataress mar in: A rost of rice bony                  |  |                                       |
|   |  |                                       |
| . If amending the registered agent and/or register            | ed office address on our records, er                                       | iter the name of the new regis        |
| gent and/or the new registered office address here            |  | ner the name of the new region        |
|   |  |                                       |
| Name of New Registered Agent:                                 |  |                                       |
| New Registered Office Address:                                |  |                                       |
|   | Enter Florida street ac  | ldress                                |
|   |  | , Florida                             |
|   |  |                                       |

## 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 |
|--------------|-------------|----------|----------------|
|              |             |          | □ Add          |
|              |             |          | □Remove        |
|              |             |          | □Change        |
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|              |             |          | □ Change       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. February 17th 2025 Nyanna Smith Signature of a member or authorized representative of a member Nyanna Smith Typed or printed name of signee

. . . .

Filing Fee: \$25.00