

L15 0000 39292

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2020 MAR 23 PM 12:25  
TALLAHASSEE, FL

APR - 3 2020  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anja's Beauty & Bodywork Parlor L.L.C.  
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:

Anja Mansco  
Name of Person

Anja's Beauty & Bodywork Parlor L.L.C.  
Firm/Company

8620 66<sup>th</sup> St N  
Address

Pinellas Park Florida 33782  
City/State and Zip Code

Anjam2006@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anja Mansco at (727) 599-8669  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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:**  
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

Anja's Beauty & Bodywork Parlor L.L.C.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 MAR 23 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/28/2016 and assigned Florida document number L15 000039292.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Massage Bliss & Hair L.L.C.  
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: (Same as before)  
8620 66<sup>th</sup> Street North  
Pinellas Park FL 33782  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: (Same as before)  
8829 69<sup>th</sup> Street North  
Pinellas Park FL 33782  
*(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: (same as before) Anja Mansro  
New Registered Office Address: (same as before) 8620 66<sup>th</sup> St. N.  
*Enter Florida street address*  
Pinellas Park, Florida 33782  
*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.*

(Same as before) Anja Mansro  
If Changing Registered Agent, Signature of New Registered Agent

**Is 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N	A	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
	NO		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
	Changes		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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N/A

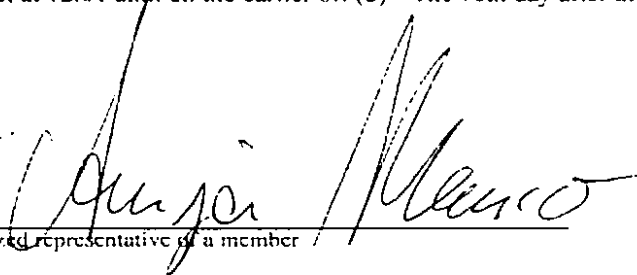
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**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.

Dated March 20<sup>th</sup>, 2020.



Signature of a member or authorized representative of a member

Anja Mansco

Typed or printed name of signee