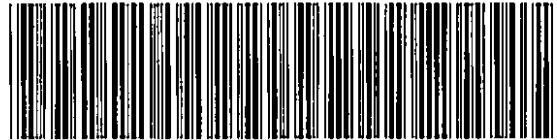


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JAN -7 PM 6:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 14 2019  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESsentiallyRadiantMobile Massage LLC  
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:

ONTAVIA EL HANAFI  
Name of Person

\_\_\_\_\_  
Firm/Company

355 NE Crystal Street Apt A  
Address

Crystal River Florida 34428  
City/State and Zip Code

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

For further information concerning this matter, please call:

ONTAVIA EL HANAFI at ( 321 ) 947-0083  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Essentially Radiant Mobile Massage LLC

(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 November 15 2019 and assigned Florida document number L18000267549.

This amendment is submitted to amend the following:

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

(NO NEW NAME) N/A

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)

N/A  
N/A  
N/A

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19 JAN -7 PM 6:09  
TALLAHASSEE, FLORIDA

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ONTANIA EL HAUFIP</u>	<u>355 NE Crystal Street</u>	<input checked="" type="checkbox"/> Add
		<u>APT A Crystal Rive FL 34428</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Lelia Jackson-Borch (Mrs)</u>	<u>P.O BOX 58455</u>	<input type="checkbox"/> Add
		<u>Orlando FL 32858</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Jeshan Nathraal-Green (Mrs)</u>	<u>9812 Linda PL</u>	<input type="checkbox"/> Add
		<u>Tampa FL 33640</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

EIN - 83-2637592

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: Jan. 12, 2019 (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 Jan. 2, 2019

Signature of Ontavia El Hanafi

Signature of a member or authorized representative of a member

ONTAVIA EL HANAFI

Typed or printed name of signee