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FILED 2022 FEB 11 PH 12: 33

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Seasoned Relaxation CTR 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:
Treveka D. Smith
The Seasoned Kelaxatten CTR LLC
26/2 Nez Perce Trail Address
Tallahassee FL 32303 City/State and Zip Code Trevekae Smith@seasuredrelevalua Center Ova E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
TVEVELLE TO SWITH at 850, 443-636 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed) \$60.00 Filing Fee, 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**

Name of the Limited Liability (A Florida	Relaxation CTR LLL dback C ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L</u>	Company were filed on 8/10/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit The Seasoned Refe The new name must be distinguishable and contain the words "Lim	ited liability company here: EXACT CTR LLC ited Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	335 John Knox Road, Blog A Tallahassee, FL 33 503
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	July Nez Pene Fration Tallahassee, FG 30313
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
	1	/ , //	□Remove
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			□Add
			Remove

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 or Note: If the date inserted in data block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day rid is filed. Dated Detember 31. 340.1	
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Dated December 21 2001	ıy after the
Signature of a member or authorized representative of a member [New Land D.) mith	

Filing Fee: \$25.00