

L10000117086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

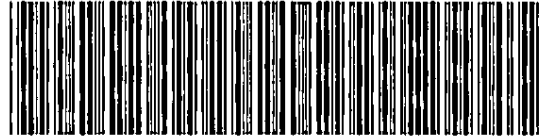
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF COMMERCE
DIVISION OF CORPORATIONS
22 AUG 10 AM 10:53

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Day Away Massage and Spa 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:

Tabitha Sena
Name of Person

A Day Away Massage and Spa
Firm/Company

425 East Hollywood Blvd Suite C
Address

Mary Esther, FL 32569
City/State and Zip Code

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

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For further information concerning this matter, please call:

Tabitha Sena at (850) 217-0852
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**

A Day Away Massage and Spa 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 11/09/2010 and assigned
Florida document number L 10000117086

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

425 East Hollywood Blvd. Suite C
Mary Esther, FL 32569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

425 East Hollywood Blvd. Suite C
Mary Esther, FL 32569

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:

Tabitha Sena

New Registered Office Address:

335 Bluefish Drive Unit 61

Enter Florida street address

Fort Walton Beach

Florida

32548

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.

Tabitha Sena

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>
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MGRM	Tabitha Sena	335 Bluefish Dr	<input checked="" type="checkbox"/> Add
		Unit 61	<input type="checkbox"/> Remove
		Fort Walton Beach, FL 32548	<input type="checkbox"/> Change

MGRM	Tabitha Thompson	195 Baggett Pl. SW	<input type="checkbox"/> Add
		Fort Walton Beach FL 32548	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Change
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OFFICE OF STATE
SOSN OFFICE OF CLERK

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

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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 August 5, 2022

John Thompson

Signature of a member or authorized representative of a member

Tabitha Thompson

Typed or printed name of signee