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COVER LETTER

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SUBJECT: WEL	L KNEADED /	MASSAGE THERAPY	1, ZLC		
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	EllEN K	Name of Person	MgRM)		
SURJECT: WELL KNEADED MASSAGE Therapy 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: ELEN R. SANDLER (MgR m) Name of Person WELL KNEADED MASSAGE THERAPY LLC Firm/Company Grow Winkler Road Surre 2 Address FORT MYERS FL 33919 City/State and Zip Code ESANDLER HC gmanil. com Fond further information concerning this matter, please call: ELEN R. SANDLER MGR m Name of Person 1 (239) 985 - 0262 Name of Person TO Winkler annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: Enclosed is a check for the following amount: Enclosed is a check for the following amount:					
	6700 Wink	Address	<u> 2</u> .		
	FORT MY	ERS, FL 339	19		
	sed Articles of Amendment and fee(s) are submitted for filing. sed Articles of Amendment and fee(s) are submitted for filing. sed Articles of Amendment and fee(s) are submitted for filing. sed Articles of Amendment and fee(s) are submitted for filing. SANDLER (MgRM) Name of Person WELL KNEADEA MASSAGE THERAPY LLC. Firm/Company 6 700 Winkler Road Suite 2 Address FORT MYERS FL 33919 City/State and Zip Code ESANDLER + Comment Comment E-mail address: (to be used for full or annual report multication) or information concerning this matter, please call: WR. SANDLER MGRM at 239, 985 - 0262 Name of Person Area Code Daytime Telephone Number 2207 PR 2: 155 Sis a check for the following amount: 0 Filing Fee				
	ESANBLE	R4@gmAIL, CO	om_		
	E-mail address: (t	to be used for future annual report notific	ation)	202 35	i.
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EllENR. SA	NOLER MGRA	7 31,239, 985-	0262	岩 2	i i
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\$25.00 Filing Fee		Certified Copy	Certificate Certified C	of Status & Copy	

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

(NELL KNEADED MASSAGE THERAPY 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 _______________________________and assigned 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address . Florida _ City

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>	Name P Court	Address	Type of Action
m6RM	LIVING TRUST	Address 1) LER 8565 CHARTER CIVE FT. MYERS FL 339	19 XAdd
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	Est 5	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.		0207 (3)(
the record specifies a delayed effective date, but not an effective The 90th day after the record is filed.		er of:
Dated /2/18 2023		
Dated 12/18 2023 Man More More Signature of a member or authorized representation of the second sec		
Signature of a member or authorized representation of the state of the	ive of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00