L18000177486

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MAR 2 6 2021

S. YOUNG

COVER LETTER

TO:	Registration Se Division of Clar						
	Rejuvenatio	ig Massage by Crystal LLC	, • · · ·				
SUBJEC	."r:						
The encl	losed Articles of	Amendment and fee(a) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Crysial Sellers					
			Name of Person				
		Rajiryamiling Massage by (Cryshi LLC				
			Firm/Company				
		3075 Due Lindssy Rd					
			Address				
		Fort Meade Fl 538414					
		sellers224/ajmsn.com	City/State and Zip Code				
		E mail address: (to be used for future annual report notif	ficution)			
For furth	ser information c	oncerning this matter, please co	all:				
Crystal :	Sellers		863 512-8654				
-		Person	Area Code Daytime	e Felephone Number			
Unciosco	á is a chock fór í	ം റ്റ്റ്റെയ്ന്റെ ഷാബന					
1.3 \$25	.00 Filing Fee	≒ \$30,00 Piling Fee & Certificate of Status	(2 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			

Mailing Address:
Registration Section
Division of Corporations
P.O. Hox 6327
Tallahassec, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tailahussee
2415 N. Monroe Street, Suite 810
Tailahussee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rejuventaing Massage by Crystal LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	6:2
The Articles of Organization for this Limited Liability Company	were filed on July 14, 2018	and assigned
Florida document number L18000177486		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u> d li <u>ab</u>	ility company here:	
Smalltown Roots Salon LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	210 West Broadway Ave	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Fort Mende, Fl. 33841	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	·	- · · · · · - · - · · - · · · · · ·
New Registered Office Address:	tinter titorida 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 daties, 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, 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:	Address	Type of Action
			□Add
			□Remove
			□Add
			□ Kemove
			□Change
			□ Add
			□Remove
			FlChange
			□Add
			i lkemove
			\BClainge
			bbA⊡
			□ Remove
			FlChange
			🗆 Add
			[]Remove

			<u>.</u>
			4
		<u> </u>	
ctive date if other than th	e date of filing:	021	(optional)
effective date is listed, the date mu	ist be specific and cannot be prior to	date of filing or more than 90	days after filing.) Pursuant to 605.020 nents, this date will not be listed a
	Department of State's records.	ic statutory ming requires	—
ord specifies a delayed effecti filed.	ve date, but not an offective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after th
February 3	2021	. ·	
Custo()	elles	zed representative of a mend	