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6/24/21

COVER LETTER

TO: Registration Solution of Co		*	Ä,		
SUBJECT: SK	illful Tach B	bodywork LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Jennifer	Jaubsen Name of Person			
		Name of Person			
	Skillful	TOUCH Bodywe	ork LLC		
		Firm/Company			
	<u>655 w</u>	· Marina Cove	DY#415	2	
	<i></i> ,	Address	: (1) 12:1	621 J	टालुक्य
	S+ Av	gustine FL 32	2080 75	Ē	
	ienn	Firm/Company Marina Cove Address GUSTINE FL 32 City/State and Zip Code A Cobsen @ ic to be used for future annual report n call:	loudicomo	-သ -ည	
	Yi/mail address:	to be used for future annual report n	otification) FATA	- <u></u>	
	concerning this matter, please of	call:		: 24	
Jennifer	Jacobsen	at (904) 29; Area Code Days	3-3985	_	
Name	of Person	Area Code Dayi	ame Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fe Certificate of S		

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327

Street Address:

(additional copy is enclosed)

Registration Section **Division of Corporations** The Centre of Tallahassee

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skilful Touch Bodywor	K LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 208 110</u>	were filed on $8/30/20)8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	655 W. Maring Cove Dr
(Principal office address MUST BE A STREET ADDRESS)	Apt 415 50 B
Same	St Augustine FL-32000
Enter new mailing address, if applicable:	655 W. Marina Cove Dr
(Mailing address MAY BE A POST OFFICE BOX)	AP+ 415 # = =
	655 W. Marina Cove Dr Apt 415 FF F St Avgustine Fi32080
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	ifer Jacobsen
New Registered Office Address: 655	W. Maring Cove Dr AP+ 415 Enter Florida street address
	Enter Florida street address - Avg UShirle Florida 32080 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action Jennifer Jalobsen 655 W. Marina Cove Dr DAND & Same <u>ApT 41.5</u> □Remove S+ Argustie, FC 32080 (Change Remove ₽Remove Remove _____ Change □Add □Remove

_____ □Remove

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ctive date, if other than the date of filing effective date is listed, the date must be specific and of	annot be prior to d	ate of filing or more th	(optional) an 90 days after filing	.) Pursua	int to 605.02
e: If the date inserted in this block does not mount is effective date on the Department of States.	eet the applicable ate's records.	statutory filing req	uirements, this date	will no	ot be listed
ord specifies a delayed effective date, but not a filed.	in effective time,	at 12:01 a.m. on th	e earlier of: (b) TI	ne 90th	day after th
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		ed representative of a			

Filing Fee: \$25.00