## L18000 208 153

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800338658278

01/08/20--01015--622 \*\*25.00

2020 JAN -6 PH 2: 04 SECRETARY OF STATE

Y SULKER JAN 3 1 2020

## **COVER LETTER**

Division of Corporations
SUBJECT: Tranquility By The Sea Massage 21  Nyme 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:
Lisa Nicole Tatum Name of Person
Tranquility By The Sea Massage 22C
2107 avensone Lane Unit D108 PCB, FL 32408
Panama City Beach, FL. 32408
tranquility by the scape b a quail. COM
For further information concerning this matter, please call:
Lisa Nicole Tatum at (700) 255-2087  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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**

The Articles of Organization for this Limited Liability Companies Florida document number $\frac{12800208753}{2000000000000000000000000000000000000$	by were filed on $\frac{8}{31/20}$	and assigned
Florida document number <u>L1800208 153</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Liai	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	>/0 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, gere:	ALLE SECTION OF P
New Registered Office Address:	Enter Florida street address	D 2: 04
	Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>.t:</u>	-

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>	<u>Name</u>	Address	Type of Action
MGR.	Nicki Crawford	4016 Brook Stene Dr	<b>∆</b> Add
		4016 Brook Stene Dr Panama City, F1 32405	□ Remove
			Change
	<del></del>	·	Add
			Remove
			Change
		<del></del>	
		<del>-</del>	Remove
			Change
			Add
		• · · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Add
			□ Remove
			□ Change
			🖸 Add
			Remove
			☐ Change

Adding individual to 220.	
**	
441	
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to dat. If the date inserted in this block does not meet the applicable shent's effective date on the Department of State's records.	(optional) c of filing or more than 90 days after filing.) Pursuant to 6 tatutory filing requirements, this date will not be li
cord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m. on the ear
Dec. 27th . 2019.	
Signature of a frember of authorized	representative of a prember

Page 3 of 3

Filing Fee: \$25.00