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MAR 19 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT Tranquility B	y The Sea Massage LLC of Limited Liability Company
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for tiling.
Please return all correspondence concerning this is	natter to the following:
Lisa N	icole Tatum Name of Person
	Name of Person
Tranguility	By The Sea Massage LLC
- 	Firm/Company
12118 Panam	a City Beach Parkway, # 18
	Address
Panama Ci	City/State and Zip Code
	City/State and Zip Code
tranquilityby	the seapeb & gmail. com dress: (to be used for future anotal report notification)
For further information concerning this matter, pl	ease call:
Lisa Nicole Tatum	at (706) 255 - 2047 Area Code Daytime Telephone Number
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 Sta	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tranquility By 7	he Sea	Massage.	LLC	. 1	7921 F
(Name of the Limite	d Liability Comp A Florida Limited	pany as it now appears on Liability Company)	our records.)	. T.	
The Articles of Organization for this Limited Lie Florida document number LIPOCO2OP	ibility Compan	by were filed on $\frac{\mathscr{P}/}{}$	31/2014	and	ယ် . assigned . တ တ
This amendment is submitted to amend the follo	wing:			•	2
A. If amending name, enter the new name of	the limited lia	bility company here:			
N/A The new name must be distinguishable and contain the wo			· <u></u> · ·		<u> </u>
The new name must be distinguishable and contain the we	ords "Limited Lia				
Enter new principal offices address, if applica	ble:	N/A			
(Principal office address MUST BE A STREET	(ADDRESS)			_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	? <u>(0X)</u>	N/A			
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our recor	ds, enter the na	me of the	new registered
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida s	ireei address		
			Florida _	271 21	de
		City		Zip Co	de

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>	<u>Name</u>	Address	Type of Action
AMBR	Nicki Crawford	4016 Brook Stone Dr.	% Add
Iam f	Nicki Crawford hill Ql audiar with and accept bligations of the position.	4016 Brook Stone Dr. Panama City, FL 32405	□Remove
the o	bligations of the porton.		□ Change
			Dadd
			□Remove
			□Change
			□Add
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			🗆 Change
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		-	©Remove
			□ Change
			□Remove
			□Change

lf am	ending any other information, enter change(s) here: tAttach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: $2/1/202/1$ (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	rd 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 filed.
Dated	2/1/202/ MUMUL JOUNG Signature of a member or authorized representative of a member
	Lisa Nicole Tatum Typed or printed name of signee

Filing Fee: \$25.00