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## **COVER LETTER**

	on Section f Corporations		
SUBJECT: Th	e Massage and Wame of Lin	Wellness Escar	pe lic
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	rrespondence concerning this matter	to the following:	
	Morgan	Name of Person	nette
	The mas	()Firm/Company	ellness Escape
	163 Edgen	ere Way S Address	
	Daples,	F C 34(0) City/State and Zip Code	<u> </u>
	MLCcmn E-mail address:	to be used for future annual report notif	gmail. com
For further informa-	tion concerning this matter, please c	eall:	
Morga	Commetk ame of Person	at $954$ 640 Area Code Daytime	28948 e Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing F	ee   \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

The Massage and V (Name of the Linfted Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 19000 38293</u> .	ere filed on 62/06/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability.  The new name must be distinguishable and contain the words "Limited Liability."	organ LLC
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  -	3: 50
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the ne
Name of New Registered Agent:	. <u></u>
New Registered Office Address:	Enter Florida street address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		Change	
		Remove	
			Change
	<del></del>		
		Remove	
		Change	
	<del></del>		□ Add
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		Add	
		Remove	
			Change

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(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $\frac{1}{2}$ 90th day after the record is filed.
Dated	9/17/19 , 2019.
	Signature of a member or authorized representative of a member
	Morgan Lee Cannotje Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00