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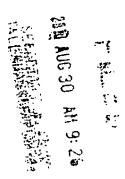
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COVER LETTER

TO:

	Registration Se Division of Co		·	
erin IE <i>c</i>		aters Therapy, LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encl	osed Articles of	`Amendment and fee(s) are sub	mitted for filing.	No 30 H S.
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Tatiana Sadler		.* *
		Calming Waters Therapy, I	Name of Person	
			Firm/Company	
		11016 SW 125 Court	. ,	
Miami, FL 33186			Address	
		TatianaS1984@icloud.com	City/State and Zip Code	
For furth	er information o	concerning this matter, please ca	to be used for future annual report notificall:	cation)
Tatiana :	Sadler		786 226-7096	
	Name o	of Person	 \	Telephone Number
Enclosed	l is a check for t	the following amount:		
\$25 .	00 Filing Fee	☐ \$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)
		JING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The solution of the solution o

Calming Waters Therapy, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

les of Organization for this Limited Liability	• •	
ocument number <u>L19000180249</u>		
ndment is submitted to amend the following:		
ending name, enter the new name of the li	mited liability company here:	
me must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
w principal offices address, if applicable:		
l office address MUST BE A STREET ADI	DRESS)	
w mailing address, if applicable:	<u> </u>	
address MAY BE A POST OFFICE BOX)		
		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Entire Florida atropt address	
	Enter rioriaa sireet aaaress	
		ida
	ending name, enter the new name of the lime must be distinguishable and contain the words "Lew principal offices address, if applicable: No principal offices address, if applicable: No mailing address MAY BE A POST OFFICE BOX) No mailing the registered agent and/or registered agent and/or the new registered office agent and/or the new registered office agent and/or the new registered Agent:	ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the principal offices address, if applicable: In office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, if agent and/or the new registered office address here: Name of New Registered Agent:

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>	<u>Address</u>	Type of Action
AMBR	Tatiana Sadler	11016 SW 125 Court, Miami, FL 33186	⊟ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
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Effective date, if other than t				in a second	(optional)
f an effective date is listed, the date in Note: If the date inserted in this	block does no	t meet the appl	licable statuto			
document's effective date on the	Department o	f State's record	ds.			
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August 21		2019				
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			 	entative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00