## 119000180249

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2020 SPX 20 PH 3: 16

Amend

APR 2 9 2020 I ALBRITTON

## **COVER LETTER**

Division of Corporations CALMING WATERS THERAPY, LLC Name 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: Tatiana C. Santa Lucia Name of Person CALMING WATERS THERAPY, LLC Firm/Company 11016 SW 125 COURT Address MIAMI, FL 33186 City/State and Zip Code TatianaS1984@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tatiana C. Santa Lucia 226-7096 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fcc & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALMING WATERS THERAPY, LLC and assigned 78 Thus (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/12/2019}{1}$ Florida document number ... L19000180249 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Tatiana C. Santa Lucia Name of New Registered Agent: 11016 SW 125 COURT New Registered Office Address: Enter Florida street address MIAMI , Florida <u>33186</u>

## 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, 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	Tatiana C. Sadler	11016 SW 125 COURT	□Add
		MIAMI, FL 33186	<b>Remove</b>
			□Change
AMBR	Tatiana C. Santa Lucia	11016 SW 125 COURT	
		MIAMI, FL 33186	□Remove
			Change
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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if an effe <u>Note:</u> I	the date, if other than the date of filing:
e record	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 d.
Dated _	4/15/2020
	2 th Adulta Zucia Signature of a member or authorized representative of a member
	Tatiana C. Santa Lucia Typed or printed name of signee

Filing Fee: \$25.00