L19000210064

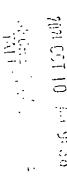
(Requestor's Name)
(Address)
(6.44
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<i></i>
Special Instructions to Filing Officer:

Office Use Only



000437470470

10/10/24--01018--015 **25.00



COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Trair	15 cendan + Name of Lim	Moments LL nited Liability Company	<u>-C</u>	
	amendment and fee(s) are sub	_		
Please return all correspon	dence concerning this matter	to the following:		
	_Carolina	1 Impson Name of Person		
	Transcen	dant Momen; Firm/Company	ts LLC	
	120 chie	f's way Ste I		
	Pensacolo	City/State and Zip Code		
		City/State and Zip Code		101 too 100
	E-mail address: (to be used for future annual report notifi	cation)	
For further information co	ncerning this matter, please c	all:		
Carolina	Impson	at (850) 463 Area Code Daytime	8014	:
Name of	Person	Area Code Daytime	Telephone Number	, É
Enclosed is a check for the	following amount:			
190\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		Street Address		

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

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

Transcendant Mom (Name of the Limited Liability Company (A Florida Limited Lia	ients LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 49000210064		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
Massage, Reiki, chakras	etcuc	_
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	120 chiefs Way Ste 1 pensacola, EL 32507	_
(Principal office address MUST BE A STREET ADDRESS)	pensacola, EL 32507	_
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
Mulling undress MAT BE ATOST OFFICE BOA		-
-		- ·
B. If amending the registered agent and/or registered office add	dress on our records, anter the name of the new regist	ared
agent and/or the new registered office address here:	dress on our records, enter the name of the new regist	CICU
	ω	
N CNI - Designand A		
Name of New Registered Agent:		-
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	
	City Zip Code	-

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 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

Title	Name	Address	Type of Action
			□Add
			□ Remove
			_ Change
			_ □Add
			_ □Remove
		<u></u>	_ Change
			□Add
			Remove
			Remove
		·.	_ □A₫₫
			. မာ _ PRemove
			□Change
			_ 🗆 Add
			□Remove
			_ Change
			_ DAdd
			_ □Remove
			□ Change

			<u> </u>		
		_			
				_	
•					
	· · · · · · · · · · · · · · · · · · ·				_
					7(0)i
			<u> </u>		- 17
			<u>.</u>	<u></u>	
					ت <u>سن</u>
				, ,	: :
					بر. ري
					···
		.			
tive date, if other than the offective date is listed, the date must If the date inserted in this bloom	be specific and cannot be prior ck does not meet the applic	able statutory filing req	(optiona lan 90 days after filir uirements, this da	ig.) Pursuai	nt to 605 be list
nent's effective date on the Dep ord specifies a delayed effective iled.					lay afte
nent's effective date on the Dep ord specifies a delayed effective iled.					lay afte
ord specifies a delayed effective filed.					lay afte

Filing Fee: \$25.00