## 49000225586

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## **COVER LETTER**

TO:	Registration Division of C			
ctib t		SSAGES ART OF WELLNESS	CENTER LLC	
SUBJ	ECI:	Name of Lin	nited Liability Company	
The er	nelosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		CAROLINA CEDENO		
			Name of Person	
			Firm/Company	
		E 121 II A D DIEGO V ETRUE	Address	
		HOLLYWOOD, FLORID		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For fur	rther information	concerning this matter, please concerning	all:	
JESUS	S M QUINTERO	1	305 450-5222 at ( )	
-	Name	of Person		e Telephone Number
Enclos	sed is a check for	the following amount:		
<b>■</b> \$2	5.00 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)

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 MASSAGES ART OF WEL					
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)			
he Articles of Organization for this Limited I	iability Company were filed on 09/0	)5/2019		and as	signed
lorida document number L19000225586					
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name.	of the limited liability company he	<u>re</u> :			
HE ART OF MASSAGES AND WELLNESS (	CENTER, LLC				
ne new name must be distinguishable and contain the	words "Limited Liability Company," the do	signation "LLC" or th	ie abbrev	iation "L	.L.C."
ntar now principal offices address if and	anhla.				
nter new principal offices address, if appli	<del></del>			~	<del></del>
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	<del></del> -	<del>- 212.</del>	2019	_
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			<u>&gt;</u> :		<del>د ادار</del> ا
nter new mailing address, if applicable:			ZAHAS	25	-
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Mailing address MAY BE A POST OFFICE	<u></u>		-	<u>ن</u> خ	<u> </u>
			~ŋ. <del></del> -	∵.' - <del>⊘1</del>	مختده.
			i	5	
. If amending the registered agent and	or registered office address on	our records, en	ter the	_name	of the
egistered agent and/or the new registered of	office address here:				
Name of New Registered Agent:	JESUS M QUINTERO				
New Registered Office Address:	16860 SW 1st STREET				
	Enter Flori	du street address			
	PEMBROKE PINES	, Florida	33027		
	City	, 1 10/10/4		ip 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 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
			☐ Remove
			☐ Remove
			Change
			Add
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			□ Change
			D Add
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fecti	ve date. if other than the date of filing: (optional)
n eff	cetive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
cum	ent's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ted	SEPTEMBER 23 2019
	( oro CC

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Typed or printed name of signec

Filing Fee: \$25.00