L19000225586

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
CAROLINO CELENO 5431 HARRISON STREET HOLLYWOOD, FC 33021			

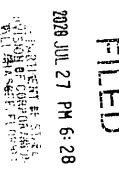
Office Use Only



900348994109

RECEIVED
JUL 2 7 2020

07/28/20--01005--010 **25.00



SEP 1 7 2020 S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MASSAGES ART OF WELLNESS CENTER LLC

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

	any were filed on 09/05/2019	and assigned 🔪
Florida document number L19000225586		1280g ら
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
THE ART OF MASSAGE AND WELLNESS CENTER, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:	ce address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:	ce address on our records, <u>enter</u> Enter Florida street addres	
Name of New Registered Agent:	Enter Florida street addres	
Name of New Registered Agent:	Enter Florida street addres	
Name of New Registered Agent:	Emer Florida street addres Fl	

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective 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 (3)(b) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. 2020 Dated

Typed or printed name of signee

Signature of a member or authorized representative of a member

CAROLINA CEDENO

Filing Fee: \$25.00