L19000254062

(Re	questor's Name)	
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T. MATTHEWS MAY - 5 2022

COVER LETTER

Division of Corporations
SUBJECT: ————————————————————————————————————
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ATHLEEN FEUERBACH, OWNER
Intinity MEDITATION + MASSAGE, LLC
1115 SADBUBACK RIDGE RD. Address
City/State and Zip Code **Cation 98 + EUGRBACH & Amail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 834 - 8605 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

Mailing Address:

TO:

Registration Section

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

Street Address:

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

ARTICLES OF AMENDMENT SECRETARY OF STATE TO ARTICLES OF ORGANIZATION 22 APR 12 AM 8: 34 OF

The Articles of Organization for this Limited Liability Company were filed on San 2, 2020 and assigned Florida document number ______ L19000254062 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." Intinity MediTATION + MASSAGE LLC Enter new principal offices address, if applicable: 2431 Aloma Ave Suit +143 (Principal office address MUST BE A STREET ADDRESS) Winter Park, FL 32792 Infinity Meditation + MASSAGE LLC Enter new mailing address, if applicable: 1115 GADDLEBACK RIDGE RD (Mailing address MAY BE A POST OFFICE BOX) Apopek, FL 32703 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: KATHLEEN FEUERBACH Name of New Registered Agent: 1115 SADDLEBACK RIDGE RD Enter Florida street address New Registered Office Address: , Florida <u>32703</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.

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 United Sintes Corporation Agents, Inc	Address	Type of Action
	Corporation Agents, Inc	5 , 5 5 , 5 2 , 5 2 , 5 2 5 2 5 2 5 2 5	□Add
		OPLANDO, FL 32822	[Arkemove
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(If an e	tive date, if other than the date of filing: <u>18 March 2022</u> (optional) ffective 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 (1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as timent's effective date on the Department of State's records.
he reco ord is f	ord 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 filed.
Dated	28 th MARCH 2022.
	A an Old I
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00