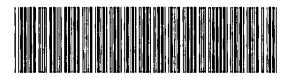
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ZENLIFE CONCIERGE MASSAGE, 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:
HANNAH LISTLE  Name of Person
ZENLIFE CONCIECGE MASSAGE, LLC.
47.29 LASTILLE AVE
MILTON, Fl 3257
ZEN LIFE MASSAGE Q OUTLOOK. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HANNAH LISTLE at (360) 621 - 4080  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{c} \$\$25.00 \text{ Filing Fee} \\ \$\$30.00 \text{ Filing Fee & Certificate of Status} \end{array}\$\$\$ \$\$Certificate of Status (additional copy is enclosed) \$\$\$ \$\$60.00 \text{ Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)} \end{array}\$\$\$

Mailing Address: 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 TO ARTICLES OF ORGANIZATION OF

ZENLIFE CONCIERGE MASSAGE, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on
his amendment is submitted to amend the following:
L. If amending name, enter the new name of the limited liability company here:  ZENLIFE MASSAGE THERAPY AND EDUCATION SOLUTIONS, LLC  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)
3. 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:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
City Florida

## 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
			□Add
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[f amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
Motos If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/25/2022 Signature of a member or authorized representative of a member
	HANNAH LISTLE  Typed or printed name of signee