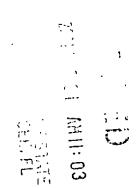
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AFR U 1 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/31/2021			₩WALK IN#
ENTITY NAME ALYSSA	DAWN ACUPUNCTURE LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED	AND RETURN	
XXXX	Plain Copy		Mar War
	Certified Copy		
	Certificate of Status		
** <i>P</i>	LEASE OBTAIN THE FOLLOWING FOR Certified Copy of Arts & Amendments	P THE ABOVE ENTITY**	
	Certificate of Good Standing		• • •
	APOSTILLE' / NOTARIAL CE	RTIFICATION	
COUNTRY OF DESTINATI	DN		_
NUMBER OF CERTIFICAT	ES REQUESTED		_
TOTAL OWED \$25.00	A	CCOUNT #: I20160000072	
		and the second	
Places well Time at the	a akana munkan kan ann iaana an	Tall as	
rtease catt / ma at the	c above number for any issues or	concerns. I nank you so	nuch!

COVER LETTER

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TO: Registration So Division of Cor			
Alyssa Daw	n Acupuncture LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter		
	Megan Fuentes		
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	· · · · ·
	5900 Balcones Dr. Suite 50	000	
		Address	
	Austin, Texas, 78731		
	-	City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Megan Fuentes		844 493-6249 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alyssa Dawn Acupuncture LLC		
(Name of the Limited Liabiti (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 11/12/2020	and assigned
Florida document number <u>L20000099410</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Universal Truth Alyssa Dawn Acupuncture LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	-
		. 1 '
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. 1
		,
B. If amending the registered agent and/or registered	i office address on our records, <u>ente</u> r	r the name of the new registere
agent and/or the new registered office address here:		
		一 当 三 一
Name of New Registered Agent:	·	
New Registered Office Address:		PH W
New Neglacied Office Address.	Enter Florida street addre	SS
	F	lorida
- 	City	lorida 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
		Remove	
			Change
		□Add	
		□Remove	
			[]Change
			🖸 Add
			□Remove
		*	☐ Change
	•		
		□Remove	
			□Change
		□Add	
			□Remove
			□Change

If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)	

-		
		·
		
		· —
		
 -		
Effective date, if other than the (If an effective date is listed, the date im Note: If the date inserted in this b document's effective date on the I	e date of filing:	o 605.0207 (3 e listed as th
ne record specifies a delayed effecti ord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated March 25	. 2021	
/s/ Alyssa Dawn B		
	Signature of a member or authorized representative of a member	_
Alyssa Dawn Brockm	eyer	

Filing Fee: \$25.00