# LACODIO855C

(Requestor's Name)			
(Address)			
(6.44()			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

A. RIVERS JUL 22 2023



300408688433

05/22/23--01016--010 \*\*60.00

SECRITIVE SHALL SE

### **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC'		scapes Holistic Wellness and S	ipa LLC		
	· · -	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please reti	urn all correspo	ndence concerning this matter	to the following:		
		Shernale T Roddy Pringle			
			Name of Person		
			Firm√Company <		
	5037 Shale Ridge Trail				
			Address		
		Orlando, FL 32818			
		msprosperity1879@yahoo.c			
For furthe	r information co	E-mail address: ( oncerning this matter, please co	to be used for future annual report noti all:	fication)	
Shernale T RRoddy Pringle  Name of Person		407 694-5613			
			e Telephone Number		
Enclosed i	is a check for th	e following amount:			
□ \$25.0¢	0 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)	
	<b>.</b>				

Mailing Address:

٠,

TO:

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

Essential Escapes Holistic Wellness & Spa LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/21/20}{2}$ and assigned Florida document number L20000108550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HER Place LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2875 S Orange Ave STE 500 #6517 Enter new principal offices address, if applicable: Orlando, FL 32806 (Principal office address MUST BE A STREET ADDRESS) 2875 S Orange Ave STE 500 #6517 Enter new mailing address, if applicable: Orlando, FL 32806 (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: 2875 S Orange Ave STE 500 #6517 New Registered Office Address: Enter Florida street address . Florida 32806 Orlando City 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	
			Change
			□Add
			□Remove
	<del></del>		□Add
			🗀 Remove
			□Change
		<del> </del>	□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	Change
			□Add
			□Remove

	EW Business Name: HER Place LLC
N	ew Business Address: 2875 S Orange Ave STE 500 #6517 Orlando, FL 32806
_	
_	
_	
_	
_	
_	
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
fan effed Note: I	tive date, if other than the date of filing:
e record d is file	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 d.
u is inc	
	May 15 2023
	Synaphre of a premier or authorized representative of a member

Typed or printed name of signee

# **COVER LETTER**

	istration Sec ision of Corp					
SHEID IT CT.		capes Holistic Wellness and S	Spa LLC	·		
Name of Limited Liability Company						
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Shemale T Roddy Pringle				
			Name of Person			
			Firm/Company	,		
5037 Shale Ridge Trail						
	Address					
	Orlando, FL 32818					
			City/State and Zip Code	<del></del>		
		msprosperity1879@yahoo.c				
E on Combon So	c	•	to be used for future annual report	notification)		
ror further in	iormation cor	ncerning this matter, please c	an: ·			
Shernale T RRoddy Pringle		407 694-561	3			
Name of Person			ytime Telephone Number			
Enclosed is a	check for the	following amount:				
□ \$25,00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303