K20000177619

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

Office Use Only



400396227544

10/20/22--01015--001 **80.00

SEGRETARY OF STATE

Lumb

COVER LETTER

TO: Registration Se Division of Cor						
	THERAPY & BEAUTY CEN	TER LLC				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		ALEIDY VASALLO				
		Name of Person				The Theory of Sand Legis
VASALLO'S MULTI-SERVICES CORP						
		Firm/Company		_		
		603 GUNNERY RD N				
		Address		— (ひ 一	202	
LEHIGH ACRES, FL 33971						
		City/State and Zip Code			72.1	į
		allosmultiservices@gmail.com		355 450	<u>~</u>	
		to be used for future annual report noti	fication)		2022 OCT 20 AM 10: 13	į
For further information c	concerning this matter, please of	call:		문품	$\overline{3}$	
ALEIDY VASALLO		239 368-1986 at ()		-		
Name o	of Person		e Telephone Number	er		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat	us &	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 632		The Centre of 7		010		
Tallahassee,	PL 32314	2415 N. Monro	e street, Suite-	o I U		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH THERAPY & BEA	AUTY CENTER LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/25/2020	and assigned
Florida document number 1.20000177619		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12791 KENWOOD LN #1001	
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33907	1022 OC
		ZO ZOHASY
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		S ATE
3. If amending the registered agent and/or registered office a	address on our records, enter th	e name of the new regists
agent and/or the new registered office address here:	······································	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
	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 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
			DAdd
			□ Remove
			☐ Change
			20類 0 SECRITAL
			AAR Demove
			SECRETARY OF STAIR
			□ Add
			□Remove
			Change
			□ Add
			Remove
			☐ Change
			□Add
			□Remove

								_
								_
								_
	 							_
								-
								_
								-
								_
	·							_
						·		_
						S	2	
						<u> </u>	1 22	_
							<u>-6</u> :	- J
						(HR	720	Leren: e-per
		· · ·			<u> </u>	SE SE		- !
							A HE	# # # (=================================
						근돌	:O: I	`tens'
						717	ယ	_
								_
ffective date, if other	r than the date o	f filing:		_	(optio	nal)		
an effective date is listed, ote: If the date inserte	, the date must be spec	citic and cannot be						
ocument's effective da				itory minig requ	nements, ans	JAIC WIII IN	or oc ma	sicu as
record specifies a delay	ved effective date, b	out not an effec	tive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th	day aff	er the
is filed.	,				•		•	
1//								
ated 08/12/6	22							
//								
		ffee						
-	Signator	re of a member o	r authorized repr	esentative of a m	ember			
	2.577	7	•					
	/-	<u> </u>	Y Fue	+				