

W20 000241978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL

PRICE
FEB 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Princess Spa 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:

Monica Davis

Name of Person

Firm/Company

13280 NE 16 Ave

Address

North Miami, FL 33161

City/State and Zip Code

monicaedavis2003@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Davis

305 7786919

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

2007 FEB 10 PM 3:29
SECRET

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Princess 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 8/10/2020 and assigned
Florida document number L20000241978.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C & M Management Services 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:

18117 Biscayne Blvd

(Principal office address MUST BE A STREET ADDRESS)

#1589

Miami, FL 33160

Enter new mailing address, if applicable:

18117 Biscayne Blvd

(Mailing address MAY BE A POST OFFICE BOX)

#1589

Miami, FL 33160

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida**

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2027 FEB 10 PM 3:42
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SERIALS ACQUISITION

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 3 2022



Monica Davis

Typed or printed name of signee

Filing Fee: \$25.00