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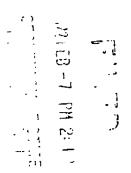
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COVER LETTER

SUBJECT: Om Massage and Bodywork LLC Same 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:
Polly Shenherd Name of Person
Om Massage and Bodywork LLC
1126 North A Street
Lake Worth FC 33460 City/State and Zip Code
Shepherd. Polly@yahoo. (on E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Polly Shepherd at (561) 373-7169 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

TO:

Registration Section **Division of Corporations**

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Om Massage and Bodywork LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $9/8/2020$ and assigned Florida document number 20000280164 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Mobile Massage and Bodywork by Polly LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-
- Tritiqui office dadress mod L DE MOTRODI MODEL	-
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registe</u> agent and/or the new registered office address here:	rec
Name of New Registered Agent:	-
New Registered Office Address: Enter Florida street address	-
, Florida	_
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>	Address	Type of Action
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(If an effecti Note: If	date, if other than the date of filing:
ne 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	2/1/2022
	Folly Shepher Signature of a riember or authorized representative of a member
	Polly Shepherd Typed or printed name of signee