

L20 000 300495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

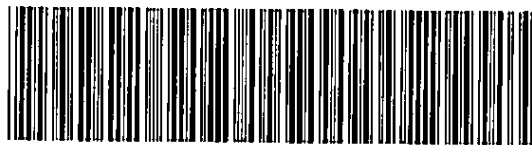
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: Escape Wellness Massage and more JUNE 14 7:35  
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:

Jessica Hernandez  
Name of Person

Escape Wellness Massage and, LLC  
Firm/Company

1773 N. Jog Rd Ste 205  
Address

West Palm Beach, FL 33411  
City/State and Zip Code

hernandezjess34@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Hernandez at (561) 273-5752  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

(copy attached) already paid

☐ \$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



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>
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TALLAHASSEE, FL

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TALLMAN-SHAPIRO

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 9-10-2021, \_\_\_\_\_

Signature of a member or authorized representative of a member

Jessica Hernandez  
Typed or printed name of signee

**Filing Fee: \$25.00**