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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LifeSource Massage and Wellness 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:
Anatalie Whitton Name of Person
Name of Person
Life Source Massage, and Wellness, LLC Firm/Company
Firm/Company
2080 W Preserve Way Apt 3077
Address
Miramar, Florida 33025 City/State and Zip Code
e Matanwin @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1
Anatalie Whitton at (786) 623-9081 Name of Person Area Code Daytime Telephone Number
Name of Ferson
Enclosed is a check for the following amount:
/
□ \$30.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
(additional copy is circused)
Mailing Address: Basistantian Section
Registration Section 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LiteSource Massage and Wel	Iness LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	opears on our records.) any)	
ne Articles of Organization for this Limited Liability Company were filed or	on 10-02-2020 and assigned	
lorida document number <u>L_2_0000_312.389</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compa	ny here:	
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC"	
nter new principal offices address, if applicable:	and the state of t	
Principal office address MUST BE A STREET ADDRESS)		
rincipal office address (AUST BE A STREET ADDRESS)		
·	20	
	20 M	
ter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
~- ~-~-	<u> </u>	
If amending the registered agent and/or registered office address on o	our records, enter the name of the new regist	
ent and/or the new registered office address here:	₩	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
City	Zip Code	
w Registered Agent's Signature, if changing Registered Agent:		
	this capacity. I further agree to comply with	

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>	Address	Type of Action
MGR	Anatalie Whitton	2080 W Preserve Way Apt	:307 _{□Add}
		Miramar, Florida 33025	□Remove
		 	[VChange
			□Add
			□Remove
			Change
		 	ZBD Change
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			□Add
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			☐ Change

	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing becument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of is filed.	on the earlier of: (b) The 90th day after the
ated November 12 . 2020.	
-/AMA-	
Signature of a member or authorized representative	of a member