## L20000347596

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T. MATTHEWS FEB - 9 2022

## **COVER LETTER**

	Division of Con		•	
Clip III	Carrie's Th	erapeutic Massage LLC		
SUBJECT: Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	<del>-</del>	
		Carrie L Banks		
		<del></del>	Name of Person	
		Carrie's Therapeutic Massa	age LLC	
			Firm/Company	
		2513 SE 26th Ave.		
			Address	
		Cape Coral, Florida 33904		
		<del> </del>	City/State and Zip Code	
		carrielyn9@yahoo.com		<del></del>
For furth	er information c	oncerning this matter, please c	to be used for future annual report not alt:	incation)
Carrie B	anks		734 748-4836	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed	is a check for the	ne following amount:		
<b>≘ \$2</b> 5,0	00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	_	Street Address: Registration Se	ection
	Division of C	orporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 22 TES -- 1 PH 3: 24

Carrie's Therapeutic Massage LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L20000347596 This amendment is submitted to amend the following	·	were filed on 11/02/2020	and assigned
A. If amending name, enter the new name of	f the limited liab	uility company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2513 SE 26th Ave.	
(Principal office address MUST BE A STREE	T ADDRESS)	Cape Coral, Florida 33904	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	2513 SE 26th Ave.  Cape Coral, Florida	
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	2513 SE 26th A	Ave. Enter Florida street ad	dress
	Cape Coral		Florida 33904
	<u> </u>	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
			CIRemove
			☐ Change
			\_Add
			□Remove
			Change
			□Add
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			Change

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