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2022 JUN -3 PM 3: 24 SELNS WARY OF STATE

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor					
CUDIECT.		Massage & Facials of North Da	le Carrollwood LLC			
SUBJECT		Name of Limi	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Deborah Cugno				
For further Deborah C			Name of Person			
		Essentials Massage & Faci	als			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		5319 Ehrlich Road STE 10	1-104			
		Address				
		Tampa, FL 33625				
			City/State and Zip Code			
		essentialsdeluxecarrollwood	l@gmail.com to be used for future annual report not	(Postion)		
For further	information c	oncerning this matter, please ca				
Deborah C	ugno		727 288-5383			
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	he 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)		
	ailing Addres		Street Address: Registration Se	ection		
	ivision of C O. Box 632	Corporations	Division of Co The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -3 PH 3: 24

(Name of the Lim	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited I Florida document number L21000047801		26th 2021 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addr		is, enter the name of the new regi
Name of New Registered Agent:	Deborah Cugno	· - · - · - · - · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida st	reet address
		, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Emma Tucker	19005 Saint Laurent Drive Lutz FL 33558	🗆 Add
			Remove
			□ Change
			🗆 Add
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