L21000176950

(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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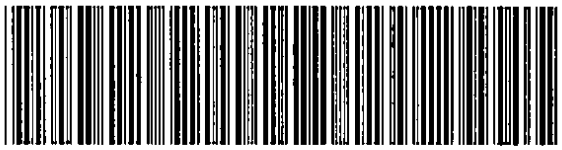

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10/25/21--01033--023 **30.00

FILED
2021 DEC -3 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL

J SIMMONS

DEC 07 2021

2021 DEC -3 AM 8:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2021

KANDICE SEAY
25350 US 19 N #175
CLEARWATER, FL 33763

SUBJECT: KANDICE SEAY LLC
Ref. Number: L21000176950

We have received your document for KANDICE SEAY LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 321A00026861

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KANDICE SEAY 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:

KANDICE SEAY
Name of Person

KANDICE SEAY LLC
Firm/Company

25350 US19 N #175
Address

CLEARWATER, FLORIDA 33763
City/State and Zip Code

SEAY.KANDICE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kandice Seay at (727) 678-8950
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 DEC -3 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL

KANDICE SEAY LLC

(Name of the Limited Liability Company as it now appears on our Records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/16/2021 and assigned Florida document number L21000176950.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

[redacted] GERIATRIC MASSAGE CENTER LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

25350 US19 N #175
CLEARWATER, FL 33763

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, enter the name of the new registered agent 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*

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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	KANDICE SEAY	25350 US 19 N #175	■ Add
		CLEARWATER, FL 33763	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/21, 2021.

Kandice Seay

Signature of a member or authorized representative of a member

Kandice Seay

Typed or printed name of signee