

L21 0000234612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

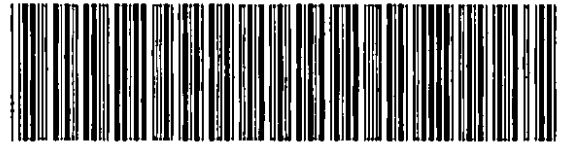
Special Instructions to Filing Officer:

J. HORNE

MAY 26 2022

5/11

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2022 MAY 11 AM 11:20 **52.50

FILED
2022 MAY 11 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: BUTTERFLY BEAUTY AND WELLNESS MASSAGE AND SPA LLC

Name of Limited Liability Company

2022 MAY 11 AM 7:49

STATE OF FLORIDA
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALICIA M. JOHNSON

Name of Person

BUTTERFLY BEAUTY AND WELLNESS MASSAGE AND SPA LLC

Firm/Company

6613 EMIL AVE.

Address

COCOA FLORIDA 32927

City/State and Zip Code

ALICIAMJ22@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICIA M. JOHNSON

321 458-2679

at ()

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Butterfly Beauty and Wellness Massage and Spa LLC

DOCUMENT NUMBER: L21000234612

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia M. Johnson

(Name of Contact Person)

(Firm/ Company)

6613 Emil Ave.

(Address)

Cocoa Florida 32927

(City/ State and Zip Code)

aliciamj22@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia M. Johnson

321

458-2679

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment 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

2022 MAY 11 AM 11:20

BUTTERFLY BEAUTY AND WELLNESS MASSAGE AND SPA LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/20/2021 and assigned
Florida document number L21000234612.

This amendment is submitted to amend the following:

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

BUTTERFLY BEAUTY AND WELLNESS MASSAGE & SPA 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:

1980 N. ATLANTIC AVE. #511

(Principal office address MUST BE A STREET ADDRESS)

COCOA BEACH FLORIDA 32931

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

City

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

*****PLEASE NOTE THERE IS ALREADY AN EXISTING PAYMENT ON FILE FOR THIS ACCOUNT*****

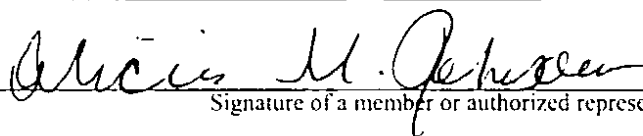
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 6, 2022



Signature of a member or authorized representative of a member

ALICIA M. JOHNSON

Typed or printed name of signee