

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000243506

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000334738 3)))



H230003347383ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REBECA SANTOS THERAPEUTIC MASSAGE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

SEP 25 AM 9:44

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 25 2023

2023 SEP 25 PM 3:41

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 26 2023
Brumblay

COVER LETTER

(((H23000334738 3)))

TO: Registration Section
Division of Corporations

SUBJECT: REBECA SANTOS THERAPEUTIC MASSAGE 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:

LOVETTE DOBSON

Name of Person

Firm Company

17350 STATE HWY 249 #220

Address

HOUSTON TX 77064

City, State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

8884623453

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

(((H23000334738 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H23000334738 3)))

REBECA SANTOS THERAPEUTIC MASSAGE 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 05/25/2021 and assigned
Florida document number L21000243506

This amendment is submitted to amend the following:

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

Aviva Lymphatics 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)

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

APPROVED
AND
FILED
2023 SEP 25 PM 3:41
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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

(((H23000334738 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H23000334738 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
		_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

((H23000334738 3)))

(((H23000334738 3)))

D. If you add any other information, enter change(s) here: 2023-09-22 2023 Rebeca Santos

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

If effective date is used, the licensee is specifying that, in order to provide notice of filing or more than 30 days after filing, circumstances of 12 CFR 1.101 Notice. If the date inserted on this block does not meet the applicable statutory filing requirements, this date will not be listed as the licensee's effective date on the Department of State's records.

f. If licensee delays effective date and not an effective time, insert date on the date of filing. The 30th day after the date of filing.

Date: September 22

2023

Rebeca Santos

Signature of authorized representative of licensee

Rebeca Santos

Typed name of authorized representative

Filing Fee: \$25.00

(((H23000334738 3)))