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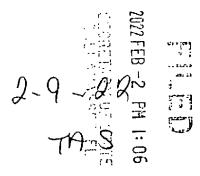
(Rec	questor's Name)	
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Special Instructions to F	iling Officer:	

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COVER LETTER

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TO: Registration Se Division of Cor					
	REAMS MASSAGE AND BOI	DYWORK LLC ·	<u> </u>		
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	LIZA NEGRON		2022 FEB		
		Name of Person			
	SWEET DREAMS MASS.	AGE AND BODYWORK LLC	20 N		
		Firm/Company			
	6107 S. DIXIE HWY #3				
		Address	Till on		
	WEST PALM BEACH, FI	33405			
		City/State and Zip Code			
	LIZANEGRON85@GMAI	L.COM to be used for future annual report noti	Gostian)		
For further information of	E-mail address: (concerning this matter, please c		neadony		
LIZA NEGRON	- ·	. 561 951-8958			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	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)		
Mailing Addre Registration		Street Address: Registration Se			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 63: Tallahassee,			pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWEET DREAMS MASSAGE AND BODYWO	RK LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	N 171
The Articles of Organization for this Limited Liability Comp	any were filed on 07/06/2021	and assignedner
Florida document number L21000306681		1:06
This amendment is submitted to amend the following:		, hJ
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and centain the words "Limited I	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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training manress 12.11 12.11		,
		.
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	e name of the new registered
agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City	Zin 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
AMBR	LIZA NEGRON	4267 GUN CLUB ROAD	□Add
		WEST PALM BEACH, FL 33405	□Remove
			■ Change
			□Add
			□ Remove
			Change
			DAdd
			Remove
		 	Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			DAdd
			□Remove

	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		,
		<u>_</u>
		
		
		
Note: If the date inserted in the	the date of filing:	uant to 605,0207 not be listed as
e record specifies a delayed eff rd is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
Dated	2021	
	Signature of a member or authorized representative of a member	
LIZA NEGRON	Typed or printed name of signee	

Filing Fee: \$25.00