

L21 000306681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

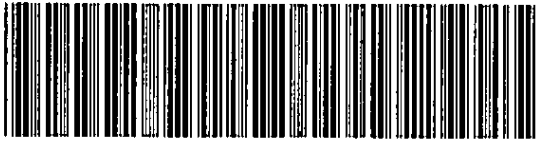
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB -2 PM 1:06
2-9-22
TA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET DREAMS MASSAGE AND BODYWORK LLC
Name of Limited Liability Company

2022 FEB -2 PM 1:06

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

Please return all correspondence concerning this matter to the following:

LIZA NEGRON

Name of Person

SWEET DREAMS MASSAGE AND BODYWORK LLC

Firm/Company

6107 S. DIXIE HWY #3

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

LIZANEGRON85@GMAIL.COM

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

FILED
2022 FEB -2 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

LIZA NEGRON

561 951-8958

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRET
DATE 11-1-06
2022 FEB -2 PM 1:06
and assigned

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

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>
AMBR	LIZA NEGRON	4267 GUN CLUB ROAD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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