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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	ZEN DEN MAS	SSAGE SPA LLC				
SUBJECT,	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		ANGELA PADILLA				
		Name of Person				
		J&A TAX SERVICES				
		Firm/Company				
	909 SE 47th TERRACE, SUITE 201-2					
		. Address				
	C	APE CORAL, FL. 33904				
		City/State and Zip Code	·			
	ANGELAP	ADILLA1977@GMAIL.COM				
	E-mail address: (to be used for future annual report no	tification)			
For further information e	oncerning this matter, please c	all:				
ANGELA	PADILLA	239 703-3974				
Name of Person		at () Area Code Daytir	ne Telephone Number			
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration So				
Division of C P.O. Box 632		Division of Co	•			
Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOM DOMESTACE ACTOOD A LICE

ZEN DEN MASSAUL			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		09/13/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>·e</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	1001 -5 M
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the na</u> i	e of the new register
Name of New Registered Agent:		N/A	
New Registered Office Address:	Enter Floric	la street address	
		. Florida	
	City	, i iui iua	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 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>	Address	Type of Action
AMBR	ZAMIL AHAMMAD	13040 LIVING STONE ROAD, NAPLES. FL. 34105	5 □Add
			Remove
			_ □Add
			_ 🗆 Remove
			□ QChange
			D21 D2ddd C12 CARcmov C11 C12 C12 C12 C12 C12 C12 C12 C12 C12
			_ 🗆 Add
			_ □Remove
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	date, if other than the date of we date is listed, the date must be speci he date inserted in this block does	ific and cannot be pr	for to date of filing	or more than 90 day	(optional) s after filing.) Pursuant	Lto 605.	0207
n effectiv	he date inserted in this block does	nt of State's record	ds.	mig requirement	s, this date will not	De liste	ed as
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