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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
subject: <u>5<i>е</i>г</u>	nse of Whol	ieness Massage T	Therapy, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		McKenna Name of Person	
	sense of	Wholeness Mass Firm/Company	age Therapy, LLC
		72 Ave Suite	
	Donal, F	City/State and Zip Code	
	1 mckenna E-mail address:	74 Ohotmail. to be used for future annual report notif	Correction)
For further information co	oncerning this matter, please c		,
Lorena M Name of	CKenna Person	at (<u>186</u>) <u>8</u> 13- Area Code Daytime	4337 Telephone Number
Enclosed is a check for the	e 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 S Division of C	Section	Street Address: Registration Sec Division of Con	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sense of Whole	eness Massage Th	MISS 27 PH SE TE
(Name of the Limited Lia	ability Company as it now appears or orda Limited Liability Company)	our records.)
	<i>C</i> :	2 · 35
The Articles of Organization for this Limited Liability		す。円 ₁ 2021 and assigned
Florida document number <u>LZ1000410308</u>	<u>; </u>	
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the i	limited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	nation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our recor	ds, enter the name of the new registered
	±•	
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida st	reet address
		, Florida
	City	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

AMDR - Authorized Wember		#21 Stat 27 PH 5: 55		
^L Title	<u>Name</u>	Address Address	Type of Action	
MGR	Lorena McKenna	495 NW 72 Ave Suite 301	□Add	
		Doral, FL 33126	□Remove	
			L2Change	
			🗆 Add	
			□Remove	
			[]Change	
				
			□Remove	
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record specifies a delayer is filed.	ed effective date, bu	it not an eff	ective time,	at 12:01 a.m	. on the ea	rlier of: (b)	The 90th d	ay after the
Sept. 20	1	2	ω, 1					
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