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A. RIVERS
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COVER LETTER

SUBJECT: MAS	CIA MASSAGE L	LC tod Liability Company	<u>-</u>
	rvanc of family	red radiality company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	BRIAN C	MASCIA Name of Person	
	MASCIA M	ASSAGI, LLC	
	573 Turk	key Cheek Address	···
		FlokidA 32615 City/State and Zip Code	
	BRIANMASIN E-mail address: (1	c 9 cmail. com o be used for future annual report	notification)
For further information ec	oncerning this matter, please ca		
BRIAN C 1 Name of	MASCIA Person	at (917) Local National Da	12 - 103 3 ytime Telephone Number
Enclosed is a check for th	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	i	Street Address	<u>s:</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mascin Massi		
(<u>Name of the Limited Liabili</u> (A Florida	ty-Company as it naw appears on our reco a Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L2100043520}{}$. ,	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		5
New Registered Office Address:	P . 11 . 1	9 P 0
	Enter Florida street addr	ess STAT
	City , P	Zip Coxle

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 th 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

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	KAREN J. MASCIA	573 Tuckey Creek	□Add
		573 Turkey Creek Alachua, Fl 32615	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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	RRIAN C. MASCIA		