121000452370

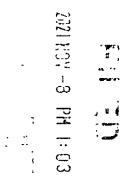
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

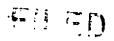
Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Zenolwa Massage UC - Removal of Authorize Name of Lindied Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela K. Leone Name of Person
Zendiva Massage LLC Firm/Company
717 W Indiana Ave
Tampa, FL 33603 City/State and Zip Code Zendin/a pooles Sage @ Omgist Oppo
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Zendiva Massage	LLC	2021 1157 -8	PH 1: 03
(Name of the Limited Liability Compa) (A Florida Limited L	n <mark>y as it now appears o</mark> liability Company)	on our records.)	CT 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000452370</u> .	were filed on	18 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 here	<u>:</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desi	gnation "LLC" or the a	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:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	/_		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:	F	a street address	
	Enter Funda		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,		•
I hereby accept the appointment as registered agent and agree			

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	Paul F Leone	THE Indiana Ave AL	□Add
		717 W. Indiana Ave Tampa, Fi. 3	3603 DRemove
			□Change
			□Add
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If an effect <u>Note:</u> If	date, if other than the ive date is listed, the date mu the date inserted in this but's effective date on the E	st be specific an lock does not i	d cannot be prior meet the applic	cable statutory fil		after filing.) Pursuant	
e record s rd is filed	pecifies a delayed effectiv	e date, but no	t an effective t	ime, at 12:01 a.m	n. on the earlier of	f: (b) The 90th da	y after the
			0- 01				
Dated	November 2		. 2021	·			
Dated	November 2 Quy	la K	Leone	orized representation	vo of a manufar		_

Filing Fee: \$25.00