L22000033647

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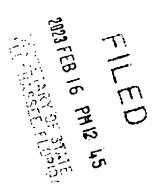
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LLC N/C Amend

02/16/23--01022--002 ++25.00



A. RAMSEY APR 1 9 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Ocean Way	res Spa LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sidnay H. Shama		
	Sidney H. Shams	Name of Person	
	Shams Law Firm P.A.		
		Firm/Company	
	529 Versailles Drive, Suite	e 205	
		Address	
	Maitland FL 32751		
		City/State and Zip Code	
	mypdspa@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
Sidney H. Shams		at (407) 671-3131	
Name o	f Person	Area Code Daytim	e 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		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
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 .

FILED 2023 FEB 16 PM 12 45

Ocean Waves Spa LLC

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

the Articles of Organization for this Limited Liability	Company were filed on 01/18/2022	and assigned
lorida document number L22000033647	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	mited liability company here:	
reaccful Day Spa LLC		
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
	· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
If amonding the projectioned agent and/or register	and office address on our manufacture at	
. If amending the registered agent and/or register <u>gent and/or the new registered office address here</u>		e name of the new regi
Name of New Registered Agent:		
Traine of the registered rigent.		·
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	, , , , , , , , , , , , , , , , ,	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 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
			□Remove
			□Change
			□Remove
			□Change
	·		□Add
			Remove
			
			□Remove
			Change
			□Remove
			□Change
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Effect	ive date, if other than the date of filing: (optional)
lf an efi <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rd is fi	
Dated	Idireany 14, 2023
	Felirerary 14 3023 V Signature of a member or hutherized representative of a member Addition in the second secon
	Signature of a member or huthorized representative of a member
	Mario Szewczuk

Filing Fee: \$25.00