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TALLAHASSEE, FLORIDA

FILED 2022 APR 28 AH 8: 52

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COVER LETTER

10: Registration So Division of Cor			
Whitney Ca	planis Massage 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	ondence concerning this matter	to the following:	
	Whitney Caplanis		
		Name of Person	
	Whitney Caplanis Massage	: LLC	
		Firm/Company	
	3625 Dusty Lane		
		Address	_
	Melbourne, Florida 32934		
		City/State and Zip Code	
	whitneyjwoods@yahoo.com		
		to be used for future annual report notif	ication)
r or turtner information c Whitney Caplanis	oncerning this matter, please c	ali: 918 781-2391	
Trining Capitality			
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
	-	□ 655 00 PH	
☐ S25.00 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		Registration Sec	
Division of C	ornorations	Division of Com	norations

P.O. Box 6327
Tallahassee, FL 32314

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

(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 March 22, 2022 and assigned Florida document number _____L22000140929 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

Whitney Caplanis Massage LLC

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>	<u>Address</u>	Type of Action
AMBR	Whitney J. Caplanis	3625 Dusty Lane Melbourne, Florida 32934	
			B Add
			□Remove
			□Change
AR	Jonathan C. Caplanis	3625 Dusty Lane Melbourne, Florida 32934	🗀 Add
			
			■Remove
			Change
			□ Add
			□Remove
			□Change
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ffective date, if other than the	e date of filing:		(optional	1)	
an effective date is listed, the date mu ote: If the date inserted in this b	ist be specific and cannot be p	rior to date of filing or mo	re than 90 days after filin	g.) Pursuant to 605	i.0207
ocument's effective date on the E	Department of State's reco	rds.	requirements time the	e am not be his	C(1 (2)
record specifies a delayed effecti- is filed.	ve date, but not an effectiv	e time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day afte	r the ₹
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Whitney Caplanis	Signature of a member or a	uthorized representative of	of a member	ZUZZ AFK ZO AFI O: 52 SELALIJAKÝ OF STATE ALLAHASSEE, FLORIDA	Ö