# L22000169194

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# **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Sammys Serene Massages LLC Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Samantha Penny<br>Name of Person  |
| Sammys Serenc massages Firm/Company   |
| 505 Beachland Blvd Ste 1 #1077 Vero   |
| Vero Beach Florida 32963 City/State and Zip Code  |
| Renny 28 @ Sammys massages. (om<br>E-mail address: (to be used for future andual report notification)   |
| For further information concerning this matter, please call   |
| Sam antha Penny at (772) 501-2268  Name of Person at (772) Sol-2268  Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount  |
| S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

Street Address: 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**

| Sammys Serene n<br>Hame of the Limited Liability C<br>(A Florida Lin  | rassacies LLC  'ompany as it how appears on our records.)  inted Liability Company)                         |
|---|---|
| The Articles of Organization for this Limited Liability Com<br>Florida document number <u>L22000169194</u> .  | pany were filed on April 8, 2022 and assigned   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited  The Line hands healing  The new name must be distinguishable and contain the words "Limited | Liability company here:  Massage UC  Liability Company. The designation "L.L.C" or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRES   | <u>s</u>  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)   | 2024 HAR I I I I I I I I I I I I I I I I I I I  |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here:                                       | ffice address on our records, enter the name of the new registered  |
| Name of New Registered Agent:   | ······································  |
| New Registered Office Address:  | Enter Florida street address  |
|   | Florida   |
|   | Cuy Zip Code  |

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

Samonic

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 hability 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 |
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|  |  | but not an                 | effective tir  | ne, at 12:01  | L a.m. on th               | e earlier of:   |
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