## L33000319568

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 M.llc

Office Use Only



800438980658

11/04/24--01012--023 \*\*30.00



## **COVER LETTER**

		COVER LETTER		
.TO: Registration Sec Division of Corp				
SUBJECT: Sodi	Dugar LLC Name of Lim	ited Liability 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:		
	Hanneh W	Name of Person		
Firm/Company				
	1421 Sw 23 in	Ave apt 2507		
	OCala, FL 31	City/State and Zip Code		
	E-mail address: (i	to be used for future annual report notification)	<del></del>	
For further information co	oncerning this matter, please ca	all:		
Harmah Wal	ARC Person	at (321) 30-1199 Area Code Daytime Telephon	ne Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	2 \$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)	
<u>Mailing Address</u> Registration S	-	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

150 dy Dugas LLC		
Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>15.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000219548</u> .	were filed on 05 25	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<del> </del>	
Touch OF Wellness Spo The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>-1</del> ~
(Principal office address MUST BE A STREET ADDRESS)		
		1
Enter new mailing address, if applicable:		1, 27
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>.</del> . o
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street addres	S.S
		orida
	City	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 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
<del> </del>			
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Change
			□Remove
			Change
			□Add
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
If the rece record is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Datec	10-30-2V
	Signature of a member or authorized representative of a member
	Harroah Wallace