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Mr. H.

TO: Registration Section Division of Corporations

lar-Resent SUBJECT: 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:

Kristina Kashyap Firm/Company ane 60 Shad Naples, FL 34119 City/State and Zip Code Mypresent heart & gmail.com E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🗆 \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:MixRegistration SectionImpDivision of CorporationsImpThe Centre of TallahasseeImp2415 N. Monroe Street, Suite 810*Tallahassee, FL 32303

[] \$60.00 Filing Fee.

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Certificate of Status &

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•	AMENDMENT			
	ГО ORGANIZATION –			
(OF			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	- HEART pany as it now appears on our re I Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000235858</u>	y were filed on May	20 ₁ 2022 ^{and assigned}		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u> <u>PRESENCE</u> <u>SPA</u> The new name must be distinguishable and contain the words "Limited Liaf	100	TEC" 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: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		2 JUN 30 PH 12:		
B. If amending the registered agent and/or registered office <u>agent and/or the new registered office address here</u> :	address on our records, <u>en</u>	iter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Electronic Instances	(b		
	EART FIDERU MERTUR	Enter Florida street address		
	City	, Florida 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. Thereby 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
			🗆 Add
		<u> </u>	ElRemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Corp should Jame 0fpe : Resence nc Business 11 Resent tear m. you for your Scavice

If the record 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 record is filed.

Dated (2/28 _____2022 Signature of a member or authorized representative of a member pic/ ashina lyped or printed name if sig