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2022 JUN 13 PM 2: 4:
SECRETARY OF STA

## **COVER LETTER**

TO:				4
eub III		R LICENSED MASSAGE THE	ERAPIST	
PORTE	CI:	Name of Limi	ted Liability Company	<del> </del>
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		James Miller		
			Name of Person	<del></del>
	BRIECT:    RMILLER LICENSED MASSAGE THERAPIST			
		Amendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:  James Miller  Name of Person  JR MILLER LICENSED MASSAGE THERAPIST  Firm/Company  3662 Island Club Drive Apartment 6  Address  North Port. Florida 34288  City/State and Zip Code  rejuvenatemtfl@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  Area Code  Topyrime Telephone Number  the following amount:  \$\inc\$ \$30.00 \text{ Filing Fee & Certificate of Status} \text{ Certificat Copy (additional copy is enclosed)} \text{ Certificat Copy (additional copy is enclosed)} \text{ Street Address: Section Registration Section Division of Corporations}		
		3662 Island Club Drive Ap	Address  City/State and Zip Code  Townatemtn()  Townatemtn	
			Address	
		North Port, Florida 34288		
			City/State and Zip Code	<del></del>
		- ·	to be used for future annual report notif	ication)
For furt	her information e	oncerning this matter, please ca	ıll:	
			at (443) 680 c	2241 e Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				etion
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632	2.7	The Centre of I	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 13 PM 2:47 SECRETARY OF STA

(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 May 23, 2022 and assigned Florida document number \_\_\_\_L22000238516. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: REJUVENATE MASDSAGE THERAPY LLC 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

## 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.

City

, Florida \_\_\_

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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			□Change
			□Add
			□ Remove
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