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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TALLAHASSEE, FL

2022 IIII 27 AMII:

COVER LETTER

TO: Registration So Division of Cor					
Masageth I	LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing			
	ondence concerning this matter				
	Jenny Countz				
		Name of Person	 		
	ZenBusiness Inc.				
		Firm/Company		_	
	336 E College Ave. Ste 30)1			
		Address		200	
	Tallahassee, FL 32301			ال 22 المُمَالِّد	
		City/State and Zip Code		2022 JUN 27	, , , , , , , , , , , , , , , , , , ,
				ເກ້	, רורן
		to be used for future annual report notifica-	ation)	## 11: 12 SEE, FL	
For further information c	concerning this matter, please c	all:		12	
Jenny Countz		844 493-6249 at ()			
Name o	of Person	Area Code Daytime T	elephone Numbe	:r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Secti Division of Corpo			
P.O. Box 632		The Centre of Tal			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Masageth LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) appany)
ne Articles of Organization for this Limited Liability Company were filed	on 06/15/2022 and assigned
orida document number 1.22000273205	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compa	any here:
fasaget LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2 0:
Principal office address MUST BE A STREET ADDRESS)	2
	3. 2
	27 E
	SSE A TI
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>	
	:: 10
If amending the registered agent and/or registered office address on tent and/or the new registered office address here:	our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
En	tter Florida street address
	, Florida
ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX; If amending the registered agent and/or registered office address on our ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	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
			□Add
			□Remove
			□Change
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fective date, if other than the	ne date of filing: ust be specific and cannot be prior to date of filing	(optional)	35 <i>03</i> 07
ote: If the date inserted in this becament's effective date on the	block does not meet the applicable statutory is	filing requirements, this date will not be li	sted as
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day af	ter the
is fricti.			
	. 2022		
	v Signature of a member or authorized representa		