L22000295043

	(Requestor's Name)	
	(Address)	
	(Address)	
	City/State/Zip/Phone #)
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	Business Entity Name)
	(Document Number)	
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S. CHATHAM OCT - 6 2022



COVER LETTER

TO: Registration Division of C			
	sage, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Edward B Chassey		
		Name of Person	•
	Qiedmassage, LLC		
		Firm/Company	•
	144 Ventnor I		
		Address	-
	Deerfield Beach		
		City/State and Zip Code	-
	edchassey@yahoo.com	to be used for future annual report notification)	
For further information	n concerning this matter, please c		
	reconcerning and maner, prease c	954 588-3907	
Edward B Chassey Name of Person		at () Area Code Daytime Telephone Number	<u> </u>
Naii	e of Ferson	Alea Code Daytine receptione rounoed	•
Enclosed is a check for	r the following amount:		
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
	n Section Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6 Tallahasse	327 e, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our od Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>W22000087464</u> .	ny were filed on 6/30/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation, "E.L.G		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		- O T		
		20		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new registe		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
Enter Florida si		et uddress		
	City	Zip Code		

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 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
AP	Edward B Chassey	144 Ventnor I. Deerfield Beach, FL 33442	
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Remove
			□Change
		□Add	
		□Remove	
			□Change
			□Remove
			[] Change

Iam changing my title from AP to	President				
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ctive date, if other than the date				(optional)	
effective date is listed, the date must be sp e: If the date inserted in this block do					
ument's effective date on the Departr					
cord specifies a delayed effective date filed.	, but not an effectiv	/e time, at 12:01	a.m. on the earlier	of: (b) The 90	Ith day after
	· /				
ed 7/6/2022	/ 	·			
-1-QM					
Mine					