2200461408

(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:
J. HORNE NOV - 1 2022
J. HOR NE

Office Use Only



900395805109

2022 OCT 31 AM 8: 48 2022 OCT 31 AM 8: 49 TO:

RECEIVED

FILORIDA CAPITAL COURIER SERVICES 2330 CLARE DRIVE	S, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-624	
PLEASE USE FUNDS FROM THIS ACCOU	JNT: I20210000160 AMQUNT: \$55.00
AUTHORIZATION SIGNATURE:	lanes fill
Rhythmic Touch Massage LLC. L22	2000461408 Document # J
BUSINESS (Name)	Document # 5
Walk in	Pick up time
waik iii	rick up tittle
Mail out	Will wait
Photocopy	
_X_Certified Copy of Organization (plea	ase stamp each page)
_ Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
X_Limited Liability	Change of Registered Agent Dissolution/Withdrawal
Domestication Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
rictitious Name	Statement of Authority
APOSTIL() C	Other
ountry	
A RAINIPIDIC INITTI A L.C.	
AMINER'S INITIALS:	

AUTHORIZATION SIGNATURE: Rhythmic Touch Massage LLC.		000160 AMOUNT: \$55.00
Rhythmic Touch Massage LLC. BUSINESS (Name)	L22000461408 Document #	
Walk in		Pick up time
Mail out		Will wait
Photocopy		
_ Certificate of Status		
_ Certificate of Status NEW FILINGS		<u>AMMENDMENTS</u>
NEW FILINGS		
_		AMMENDMENTS Amendment Resignation of R.A. Officer/Dir
NEW FILINGS Profit Not for Profit X Limited Liability		AmendmentResignation of R.A. Officer/DirChange of Registered A
NEW FILINGS ProfitNot for ProfitX_Limited LiabilityDomestication		AmendmentResignation of R.A. Officer/DinChange of Registered ADissolution/Withdrawal
NEW FILINGS Profit Not for Profit X Limited Liability		AmendmentResignation of R.A. Officer/DirChange of Registered A
NEW FILINGS Profit Not for Profit X_Limited Liability Domestication Other	<u>REG</u> I	AmendmentResignation of R.A. Officer/DirChange of Registered ADissolution/WithdrawalMerger
NEW FILINGS ProfitNot for ProfitX_Limited LiabilityDomesticationOtherCORP	F	AmendmentResignation of R.A. Officer/DinChange of Registered ADissolution/WithdrawalMergerConversion

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:_____

COVER LETTER

	Registration Section Division of Corporations			
CUDIEST.	Rhythmic Touch	n Massage LLC.		
SUBJECT:		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Maria Collier			
		Name of Person		
		Firm/Company	 	
	17	1891 Charlie Rd		
		Address		
		Jacksonville , Fl 32218	3	
	mariacollier91	18@gmail.com		
	h-mail address: (to be used for future annual report not	dication)	
For further informatio	n concerning this matter, please ea	aft		
^	Maria Collier	ալ_904յ_697-891		
Nan	ne of Person	Area Code Daytini	e Telephone Number	
Enclosed is a check for	or the following amount:			
☐ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	\$\int_{55.00}\$ Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Add Registratio		Street Address:	ction	
	f Corporations	Registration Section Division of Corporations		
P.O. Box 6		The Centre of T	The Centre of Tallahassee	
t affahasse	e, FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII	ED
2022 007 -	· - IJ
2022 OCT 31	AH 8: 48
SECRETARY	0.48

63

	ich Message II C	
	ich messege bbe	
(Name of the Limited Limbility Company (A Florida Limited Lia	s as it now appears on our records,) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 26 Oct 22 and assigned	l
Florida document number L22000461408		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Rhythmic Touch	Massage II C	
The new name must be distinguishable and contain the words "Limited Liability		
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)		
		<u></u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new reg</u>	istere
agent and of the law registered white address need.		
Name of New Registered Agent	1	
New Registered Office Address	` <u> </u>	
	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.

CHy

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>	Name	Address	Type of Action
			□Add
			TRemove
			-
			TRemove
			□Change
			DAdd
			□Remove
			OAdd
			TRemove
			□Add
			BRemove
			
			Пенточе
			7Changa

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
·	
<u>Note:</u> It u	date, if other than the date of filing:
e record sp ed is filed	ecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of (b). The 90th day after the
Dated	28 Oct 22
	Maria Collier
	Signature of a member or authorized representative of a member
	Maria Collier

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Rhythmic Touch	Massage LLC.		
SC BILC IV	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:		
	Maria Collier			
		Name of Person		
		Firm/Company		
	1	1891 Charlie Rd		
		Address	_	
		Jacksonville, Fl 3221 City/State and Zip Code	8	
	mariacollier81	18@gmail.com		
	E-mail address: (to be used for future annual report not	dication)	
For further information co	oncerning this matter, please ca	ati		
	ria Collier	at (<u>904</u>) 697-89	14	
Name of	Person	Area Code Dayto	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25 00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	155,00 Filing Fee & Certified Copy (additional copy is enclosed)	3 \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Addres	<u>s:</u>	Street Address:		
Registration Section			Registration Section	
Division of C P.O. Box 632		Division of Co The Centre of		
Tallahassee, FL 32314			be Street, Suite 810	

Tallahassee, FL 32303