

L23000065388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

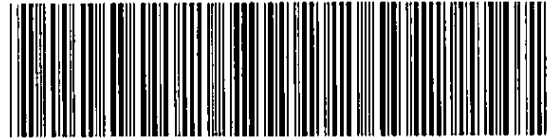
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02/13/24--01018--017 ♦♦25.00

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Zensational Massage Therapy, LLC
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:

Jacqueline Bodnar
Name of Person

Zensational Massage Therapy, LLC
Firm/Company

6785 Calistoga Cir
Address

Port orange, FL 32128
City/State and Zip Code

JBB Jbodnarwriter@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Bodnar at (386) 871-1101
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Zensational Massage Therapy, LLC
(Name of the Limited Liability Company as it now appears on our records)

Ormond Beach Relaxation Massage, LLC

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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note - Only the name of the LLC is changing.
I'm changing it from Sensational Massage
Therapy, LLC to now being:
Ormond Beach Relaxation Massage, LLC

Thank you!

E. Effective date, if other than the date of filing: ASAP, 2/10/24 (optional)

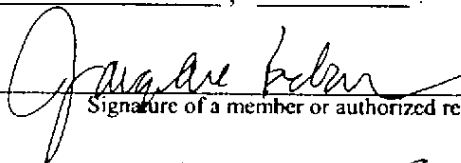
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/10/24



Signature of a member or authorized representative of a member

Jacqueline Bodnar

Typed or printed name of signee