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A. RIVERS
JUN 2 2 2023



IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: APRIL R	AIN DAY SPA, LLC Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-	•	
Please return all correspo	indence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ad
	Proc	essing Department	
		Firm/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/Stute and Zip Code	
	Famail address: (to be used for future annual report noti	(Cestion)
For further information of	oncerning this matter, please or	•	
	-	••••	
	ing Department	at (800 638-2320	
Name o	f Person	Asen Code Daytim	e Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)
	ING ADDRESS:	STREET/COURI	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ect: <u>APRILR</u>	AIN DAY SPA, LLC Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picaso	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Lea	ad
		Proc	Name of Person essing Department	
			Firm/Company	
		1	450 Vassar St	
			Address	
			Reno, NV 89502	
			City/Stute and Zip Code	
		E-mail address: (to be used for future annual report notifi	cotiun)
For fi	irther information c	oncerning this matter, please or	all:	
	Process	ing Department	at (800) 638-2320	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
⊡ \$:	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APRIL RAIN D		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/29/23	and assigned
Florida document number L23000158521		
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited ligh	llity company here:	
Massage & Body Scul		
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	124 Robin Road Unit 1300	
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs	
- ·	FL 32701	
Enter new mailing address, if applicable:	124 Robin Road Unit 1300	
(Mailing address MAY BE A POST OFFICE BOX)	Altamonte Springs	3 1
	FL 32701	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	***	the name of the new
registered agent and/or the new registered onice address her	<u>c</u> .	•
Name of New Registered Agent:		····
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Planida	
	, Florida , Florida	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 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>	Name	Address	Type of Action
MGR	April Zollicoffer	.124 Robin Road Unit.1300	Add
		Altamonte Springs	□ Řemove
		FL 32701	☑ Change
			D Add
			🏻 Remove
			Change
			D Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Remove
			Change
			Remove
			□ Change

). If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Not	ctive date, if other than the date of filing: N/A (optional) Effective date is listed, the date must be specific and cannot be prior to dute of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the r b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d. April 22 . 2023.
	Signature of smember or authorized representative of a member
	April Zollicoffer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00