

L23000188638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

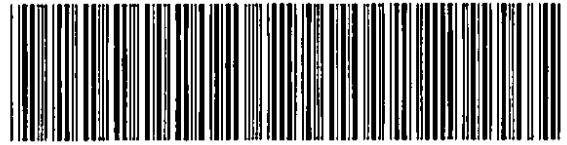
(Business Entity Name)

(Document Number)

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2023 MAY 30 PM 3:38
CLERK OF COURT
JULIA A. SCOTT

Y. SCOTT

JUL 23 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seashell 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:

Michele Rose Petrus
Name of Person

Self (no company name)
Firm/Company

430 South Juno Lane #
Address

Juno Beach FL, 33408
City/State and Zip Code

michele.rose23@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Michele Petrus at (501) 345-0543
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Seashell Therapy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/17/2023 and assigned Florida document number L23000188638.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(same) Seashell Therapy LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(same) 430 S. JUNO LANE
JUNO BEACH FL 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(same) 430 S. JUNO LANE
JUNO BEACH FL 33408

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

(same) Michele Petrus

New Registered Office Address:

(same) 430 S. JUNO LANE

Enter Florida street address

JUNO BEACH

City

Florida

33408

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

(same)

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>
MGR	Michele Petrus	430 SOUTH JUNO LANE	<input checked="" type="checkbox"/> Add
		JUNO BEACH FL, 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michele Petrus	430 SOUTH JUNO LANE	<input checked="" type="checkbox"/> Add
		JUNO BEACH FL, 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 5/23/2023^{HP} 2023


Signature of a member or authorized representative

Michèle Petrus

Filing Fee: \$25.00