

(Req	uestor's Name)			
(Ādd	ress)	·		
(Add	ress)			
(City/	/State/Zip/Phon	e #)		
☐ PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
Certified Copies	Certificate:			





06/20/23--01030--011 **30.00



COVER LETTER

TO: Registration So Division of Cor			
Massage M	e LLC	·	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yecenia Sanchez		
Name of Person			-
	Massage Me LLC		
Firm/Company			-
	2485 west 78 st apt 102		
Address			
	Hialeah Fl 33016		
		City/State and Zip Code	-
	masajes.tecn.manuales@gn		
	E-mail address: ((to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	2664 July 20
Yecenia Sanchez		786 343 2522	
Name o	f Person	at () Area Code Daytime Telephone Number	PH 3: 39
Enclosed is a check for the	ne following amount:		, ,
□ \$25.00 Filing Fce	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8	310

Tallahassee, FL 32303

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>	Type of Action
MGR Nilo Lopez Gonzalo		2485 west 78 st apt 102 Hialeah ,FI 33016	
			□Remove
			□ Change
			□ Add
		·	□Remove
			□ Change
			□Add
	 	Remove	
			C□Change
			P.
		:=1 □Remove	
			□ Change
			□Add
		□Remove	
		□Change	
			□Add
		□Remove	
			Change