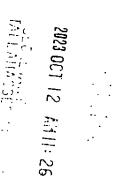


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/12/23--01024--021 **90.00





COVER LETTER

TO: Registration Se Division of Cor		,				
	AUNAS OF SOUTHWEST F	LORIDA LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	BRIAN SANTOS					
		Name of Person				
	SOLACE SAUNAS OF SOUTHWEST FLORIDA LLC					
		Firm/Company				
	43449 TREADWAY DRI	VE				
		Address				
	PUNTA GORDA, FLORII	DA 33982				
		City/State and Zip Code				
	HEYBERT21@YAHOO.C		· · · · · · · · · · · · · · · · · · ·			
	E-mail address: (to be used for future annual report notif	ication)			
For further information e	oncerning this matter, please c	all:				
ERNIE MICCICHE		727 315-3967				
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration		Street Address: Registration Sec	etion			
Division of C		Division of Con				

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

SOLACE SAUNAS OF SOUTHWEST FLORIDA, LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were fil	ed on JUNE 2, 2023 and assigned
orida document number L23000268196	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	npany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	25. 0
	2
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Tuning address may be a rost of free bony	. 6
. If amending the registered agent and/or registered office address gent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	. Florida
City	· · · · · · · · · · · · · · · · · · ·

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>	<u>Name</u>	Address	Type of Action
AMBR	DARREN BLAINE COX	17628 FALLEN BRANCH WAY	≣ Add
		PUNTA GORDA, FL 33982	□Remove
			□Change
AMBR	JESSICA MANE COX	17628 FALLEN BRANCH WAY	≅ Add
		PUNTA GORDA, FLORIDA 33982	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Add
			Remove
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			□ Add
			Remove
			Change

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ective date, if other than the	date of filling:	(option	ıal)
n effective date is fisted, the date must	be specific and cannot be prior to date of fi ck does not meet the applicable statut	illing or more than 90 days after it	ling.) Pursuant to 605.02 date will not be listed
cument's effective date on the De	partment of State's records.		
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day after the
			
	2023		
OCTOBER 6,	·		
ted	Signature of a member or authorized repre		

. .

Filing Fee: \$25.00