

L23000268196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

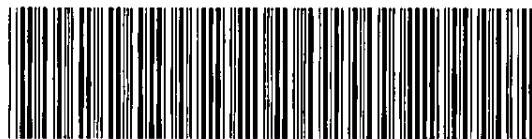
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOLACE SAUNAS OF SOUTHWEST FLORIDA 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:

BRIAN SANTOS

\_\_\_\_\_  
Name of Person

SOLACE SAUNAS OF SOUTHWEST FLORIDA LLC

\_\_\_\_\_  
Firm/Company

43449 TREADWAY DRIVE

\_\_\_\_\_  
Address

PUNTA GORDA, FLORIDA 33982

\_\_\_\_\_  
City/State and Zip Code

HEYBERT21@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNIE MICCICHE

727 315-3967  
at ( )

\_\_\_\_\_  
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

**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>
AMBR	DARREN BLAINE COX	17628 FALLEN BRANCH WAY	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESSICA MANE COX	17628 FALLEN BRANCH WAY	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FLORIDA 33982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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 OCTOBER 6, 2023

Ben Smith

Signature of a member or authorized representative of a member

BRIAN SANTOS

Typed or printed name of signee

**Filing Fee: \$25.00**