L2300507

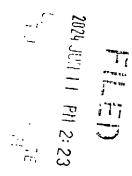
Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates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

Office Use Only



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COVER LETTER

enn iezer.				
SUBJECT:		Name of Lim	ited Liability Company	4
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	Division of Corporations Mellow Massage Therapy LLC Name of Limited Liability Company are enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Myka Loos Name of Person Mellow Massage Therapy LLC Firm/Company 323 S Marion Ave Address Lake City, FL City/State and Zip Code mykakloos@gmail.com Final address: to be used for future annual report notification) or further information concerning this matter, please call: yka Loos Name of Person Area Code Name of Person Area Code S55.00 Filing Fee & Certificat Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
		Myka Loos		
		•	Name of Person	
		Mellow Massage Therapy	LLC	
		.	Firm/Company	
		323 S Marion Ave		
		Address Lake City, FL City/State and Zip Code mykakloos@gmail.com E-mail address: to be used for future annual report notification) on concerning this matter, please call: at () 209-5750		
		Lake City, FL		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please ca	all:	
Myka Loos			at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
Di	vision of C	Corporations	Division of Cor	rporations
	O. Box 632 Hahassee, l			l'allahassec pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JUN 11 PH 2: 23

Mellow Massage Therapy LLC		., ., ., .,
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	15
he Articles of Organization for this Limited Liabilit	ty Company were filed on June 22nd, 2023	and assigned
lorida document number L23000300507		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
e Fleur Wellness LLC		
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	_	
3. If amending the registered agent and/or regist	ered office address on our records, enter the	name of the new regis
gent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office / Rediess	Enter Florida street address	
	, Florid	aZip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Remove
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ffective date, if other than the (date of f	filing:				(optic	onal)	
Effective date, if other than the (an effective date is listed, the date must Note: If the date inserted in this blo	be specifi	c and cann	ot be prior to	date of filir	ng or more the	in 90 days after	filing.) Pursuant	to 605.0207
Social If the date inserted in this blo locument's effective date on the De							date will not	oc usica as
record specifies a delayed effective	date, bu	t not an el	ffective tim	ie, at 12:01	a.m. on the	earlier of: (b) The 90th da	ay after the
d is filed.								
June 4th		20	124					
Dated		· _		_ ·				
Myha J	1							
WWW.								
myna I	Signature	of a memb	er or author	ized represe	ntative of a n	nember	_	



April 16, 2024

MYKA K LOOS 323 S MARION AVE LAKE CITY, FL 32025

SUBJECT: MELLOW MASSAGE THERAPY LLC

Ref. Number: L23000300507

We have received your document for MELLOW MASSAGE THERAPY LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot have a corporation suffix at the end of LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 624A00008194



May 28, 2024

MYKA K LOOS 323 S MARION AVE LAKE CITY, FL 32055

SUBJECT: MELLOW MASSAGE THERAPY LLC

Ref. Number: L23000300507

We have received your document for MELLOW MASSAGE THERAPY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 524A00011580