

123000365222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

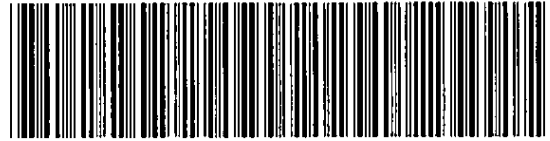
(Document Number)

Certified Copies _____ Certificates of Status _____

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600418287286

11/01/23--01014--010 **35.00

FILED
DATE
FILED

2024 JAN 10 AM 9:55

FILED

A13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sacred Self-Care, 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:

Dora Graciela Fitzpatrick

Name of Person

Sacred Self-Care, LLC

Firm/Company

PSC 41 Box 2133

Address

APO, AE 09464

City/State and Zip Code

dfitzpatrick@yourselfcarejourney.com

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

For further information concerning this matter, please call:

Dora Graciela Fitzpatrick

813

544-3489

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

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

Sacred Self-Care, LLC

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

FILED

2021 JAN 10 AM 9:55

SEC. STATE
FILED and assigned

The Articles of Organization for this Limited Liability Company were filed on 3 August 2023

Florida document number L23000365222

This amendment is submitted to amend the following:

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

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:

6421 N Florida Ave D-1665

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33604

Enter new mailing address, if applicable:

PSC 41 Box 2133

(Mailing address MAY BE A POST OFFICE BOX)

APO, AE 09464

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:

David Roberts

New Registered Office Address:

7901 4th St N, STE 300

Enter Florida street address

St. Petersburg

Florida

33702

City

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.

David Roberts

If Changing Registered Agent, Signature of New Registered Agent

•

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add my EIN- 93-2721050

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 21 November, 2023


Signature of a member or authorized representative of a member

Dora Graciela Fitzpatrick

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2023

SEAN M FITZPATRICK
PSC 41 BOX 2133
APO, AE, 09464

SUBJECT: SACRED SELF-CARE, LLC
Ref. Number: L23000365222

We have received your document for SACRED SELF-CARE, 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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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: 623A00026227

*Please send me a check for the \$10 I over paid.
Thank you.
☺*

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