L23000477643

(Requestor's Name)
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(
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2023 OCT 10 PH 4: 38

Andrew Comments of the Comment



COVER LETTER

TO: Registration Sec Division of Corp				
	ssage & Wellness, LLC			
SUBJECT:	Name of Lim	ited Liability Company		-
	Amendment and fee(s) are sub			
	Rebecca Alexander			
		Name of Person		
	Sanothsa Massage & Well	ness, LLC		
		Firm/Company		
	7043 Moss Ledge Run			
		Address	•	
	Land O Lakes, FL 34637			
	•	City/State and Zip Code		
	rebeccaalexander418@gma	il.com		
	E-mail address: (to be used for future annual	report notification)	_
For further information co	ncerning this matter, please c	all:		
Rebecca Alexander		813 95° at ()	7-2761	
Name of	Person	Area Code	Daytime Telephone Numb	ber
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc	Certifi (losed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address	i	Street A	ddress:	

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

Santosna Massage & Wellness, LLC				
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)		
the Articles of Organization for this Limited Liability lorida document number <u>L23000427643</u>	Company were filed on September	13, 2023	and assigned	
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the lin	nited liability company here:			
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbr	eviation "L.L.C."	
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
				
		•	023	
nter new mailing address, if applicable:			061	
Aailing address MAY BE A POST OFFICE BOX)		÷,	0	
Turning www.cov.72711 BD /11 OST OF TICE DOTS			2	
		1.	-	
. If amending the registered agent and/or registeregent and/or the new registered office address here:		enter the name		
Name of New Registered Agent:				
New Registered Office Address:			<u>.</u>	
	Enter Florida street address			
		, Florida		
	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.

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>	Name	Address	Type of Action
AMBR	Nicole Alexander	7043 Moss Ledge Run	
		Land O Lakes, FL 34637	≅Remove
			□Change
AMBR	Hannah Alexander	7043 Moss Ledge Run	□Add
		Land O Lakes, FL 34637	≡ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date of filing: 10/03/2023 (optional)				··	·			
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