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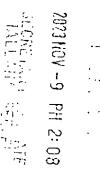
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Se Division of Cor		•	•	•	•
Karla Harri	s Massage LLC	••			
SUBJECT:	Name of Lim	ited Liability Company			
		to the sent			
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Luis Flores				
		Name of Person		- 20 - S	
	ZenBusiness INC			2023 NOV -9	• 1:
		Firm/Company		c	
	336 E. College Ave Suite :	301			
		Address	· ·	PH 2: 08	٠
	Tallahassee, FL 32301			# ⁽²⁾	
		City/State and Zip Code		_	
	fulfillment@zenbusiness.co				
en alta anti-alta an		to be used for future annual report not	ification)		
ror turner information c	oncerning this matter, please co	all:			
c/o ZenBusiness INC		844 493-6249 at ()			
Name o	f Person		ne Telephone Numb	er	
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)	Certifie	Filing Fee. cate of Status & ed Copy cal copy is enclosed)	
Mailing Addres Registration 5		Street Address:	ection		
Registration (Division of C		Registration Se Division of Co			
P.O. Box 632	.7	The Centre of	•		
Tallahassee, l	FL 32314	2415 N. Monre	e Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karla Harris Massage LLC		-
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 2023-10-20	and assigned
Florida document number 1.23000481817		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Karla Harris Massage Therapy LLC		
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		023 SEC
		1023 NOV
Enter new mailing address, if applicable:		-9
•		,, - ,
Mailing address MAY BE A POST OFFICE BOX)		2 · · · · · · · · · · · · · · · · · · ·
	r 11	in on the manufacture of the manufacture of the control of the con
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	uce address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	rnter i forida street addre	283
		Torida
	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 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>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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ective date, if other than the dots neffective date is listed, the date must be tee. If the date inserted in this block-rument's effective date on the Dep	e specific and came k does not meet	the applicable	late of filing or its statutory fili	more than 90 day ng requiremen	(optional) is after filing ts, this date) Pursua will no	nt to 605,020 the listed :
cord specifies a delayed effective of stiled.	date, but not an e	ffective time.	, at 12:01 a.m.	on the earlier	of: (b) Th	e 90th c	lay after th
ed	. 20)23					