

L23000486489

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HOMMERDING ADVISORS LLC
Account Number : I20220000171
Phone : (954)532-3842
Fax Number : (954)532-3847

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CORPORATE@EAGLE-TAX.COM

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2024 OCT 17 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 OCT 17 AM 9:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

A. P. O HEALING THERAPY, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

M. SOLOMON

OCT 17 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A. P. O HEALING THERAPY, 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:

ALVIN HOMMERDING

Name of Person

EAGLE TAX

Firm/Company

5493 WILES ROAD SUITE 105

Address

COCONUT CREEK FL 33073

City/State and Zip Code

CORPORATE@EAGLE-TAX.COM

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

For further information concerning this matter, please call:

ALVIN HOMMERDING

954 532 3842
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

A. P. O HEALING THERAPY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/24/2023 and assigned
Florida document number L23000486489.

This amendment is submitted to amend the following:

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

M&S MASSAGE THERAPY LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 TALLAHASSEE FL

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:

New Registered Office Address:

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |

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

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TALLAHASSEE, FL

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 OCTOBER 17 2024

Signature of a member or authorized representative of a member

ANA PAULA O SANTOS

Typed or printed name of signee