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	(Requestor's Name)	<del>-</del>
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PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section Division of Corporations

:OT.

April's Rela	axing Massage Therapy, LLC		
SOBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
	ndence concerning this matter	_	
	April Edwards		
		Name of Person	
		Firm/Company	<del></del>
	3909 Sunbeam Road, #30	08	
		Address	
	Jacksonville, FL 32257		
		City/State and Zip Code	
	A.relaxingmassage247@g	mail.com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	•	Carly,,
April E	dwards	904 438-4596	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sectorial Division of Corp	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Ta	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

April's Relaxing Massag	e Terapy, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records) 28 AHII: 26		
(11) Tortula Carried E			
The Articles of Organization for this Limited Liability Company	were filed on November 6, 2023 of STATE and assigned		
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
Repose Massage & Wellness Therapy, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4411 Sunbeam Rd		
(Principal office address MUST_BE A STREET ADDRESS)	Unit 57486		
	Jacksonville, FL 32257		
Enter new mailing address, if applicable:	4411 Sunbeam Road		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 57486		
	Jacksonville, FL 32256		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered		
agent and/or the new registered office address here:			
N. CN. D. T. LA			
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
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If an effective of Note:	ate, if other than the date of a date is listed, the date must be specificate inserted in this block does effective date on the Department	filing: ic and cannot be prior to not meet the applical	nnuary 1, 2024 date of filing or more the statutory filing rec	(optional) nan 90 days after filing.) Pu quirements, this date wi	arsuant to 605.0207 ( Il not be listed as t
e record spec rd is filed.	rifies a delayed effective date, bu	t not an effective tim	e, at 12:01 a.m. on th	ne earlier of: (b) The 9	0th day after the
Dated	December 27	2023	_ ·		
_	Con Signature	of a member or author	ized representative of a	member	
	- 1	April Edv			
		•	name of signee	•	

THE CARD