

L23000503897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

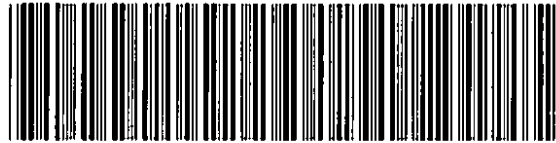
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STATE
TALLAHASSEE, FL

2023 DEC 28 AM 11:26

FILED

STATE
TALLAHASSEE, FL

2023 DEC 28 AM 10:09

RECEIVED

A BUTLER

DEC 28 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: April's Relaxing Massage 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:

April Edwards

Name of Person

Firm/Company

3909 Sunbeam Road, #308

Address

Jacksonville, FL 32257

City/State and Zip Code

A.relaxingmassage247@gmail.com

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

For further information concerning this matter, please call:

April Edwards

904

438-4596

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

FILED

(Name of the Limited Liability Company as it now appears on our records) 28 AH 11:26
(A Florida Limited Liability Company)

November 6, 2023 ^{3:15 PM} and as

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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