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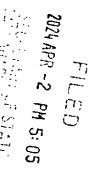
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## **COVER LETTER**

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

Ben Pierce Massage LLC SUBJECT: 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: Benjamin Pierce Name of Person Ben Pierce Massage LLC Firm/Company 10944 Denoeu Road Address Boynton Beach, FL 33472 City/State and Zip Code ben@myofficekneads.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Benjamin Pierce Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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

FILED

Ben Pierce Massage LLC

2024 APR -2 PM 5: 06

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were filed on Novemb	per 27, 2023	and assigned
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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, 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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feetive date, if other than the date of filing:  (optional)  (optional)  (in 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 9207 (3)(b)  (in effective date in serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the current's effective date on the Department of State's records.  (econd 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 is filed.  (ited March 7th		
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	March 7th 2024	
Signature of a member or authorized representative of a member	·	
g	Signature of a member or authorized representative of a member	
Benjamin Pierce		

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