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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Millennium Wellness Spanname 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:
Lacresha Ramos Name of Person
Millennium Wellness Spa
923 N. Beach St.
Daytona Beach, FL 32117 City/State and Zip Code LACRESHARAMUS @ gMAIL, COM E-mail address: (to be used for future annual report notification)
LACRESHARAMUS @ gMAIL, COM F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lacresha Ramos at 903 462-3315 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee \$\Begin{array}{c} \$30.00 Filing Fee & \text{Certified Copy} &

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**

Millennium	n Wellness Spa
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u> </u>	ty Company were filed on Jun 24, 2024 and assigned 457.89
This amendment is submitted to amend the following	<i>y.</i>
A. If amending name, enter the new name of the	limited liability company here:
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 AL	ODRESS)
Fator and moiting address if an limble.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Maning undress MAT BE A POST OF FICE BOA	
B. If amending the registered agent and/or registence agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	· -
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Regist	ered 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>	Address	Type of Action
MGR	Rene Ramos	208 Jefferson St.	□Add
		208 Jefferson St. Unit 1	Remove
		Daytona Beach, FL	□Change
			□Add
			□Remove
			□ Change
			□ Add
			Remove .
			□Change _
		 	
			□Remove :
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an cl : <u>Note</u>	tive date, if other than the date of filing: April 9, 2024 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
ne reco	rd 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 iled.
Dated	April 08 . 2024.
	Rama
	Signature of a member of authorized representative of a member
	I

Filing Fee: \$25.00