

LA 24000135207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

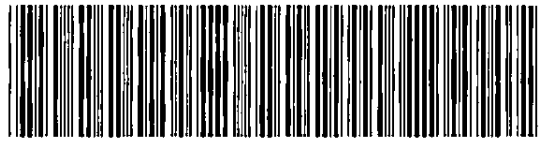
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500427374085

04/11/24 -- 01012 -- 013 **35.00

4/24/24
R White

FILED
2024 APR 11 PM 1:52
CLERK OF SUPERIOR COURT
JULIA A. BROWN

Noelia Adorno

Work: 813-330-0443

Cell: 813-391-0648

8586 Key Biscayne Dr Apt 101 Tampa, FL 33614

AdornoNoelia25@gmail.com

8:00 AM - 8:00 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

Shanti 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:

Noelia Adorno

Name of Person

Shanti Massage LLC

Firm/Company

13304 Winding Oak Ct Suite B

Address

Tampa, FL 33612

City/State and Zip Code

adornonoclia25@gmail.com

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

For further information concerning this matter, please call:

Noelia Adorno

813

330-0443

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
2024 APR 11 PM 1:52
FBI - TAMPA

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

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

(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)

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 April 3 2024

Yoshia 

Signature of a member or authorized representative of a member

Noelia Adorno

Typed or printed name of signee

Filing Fee: \$25.00