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Noelia Adomo

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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 Se Division of Cor			
	Shanti Mass	age LLC		
SUBJE	СТ:			
		Name of Lim	ited Liability Company	
				otification) ime Telephone Number ■ \$60.00 Filing Fec. Centificate of Status & Centified Copy (additional copy is enclosed)
The end	closed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Plcase i	return all correspo	ndence concerning this matter	to the following:	
		Noclia Adorno		
			Name of Person	
		Shanti Massage LLC		
			Firm/Company	
		13304 Winding Oak Ct Sui	te B	
			Address	
		Tampa, FL 33612		
		adornonoctia25@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
Noelia .	Adomo		813 330-0443	
		NA.	at ()	(N. I.
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
≣ \$ 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

Shanti Massage LLC (Name of the Limited Liability Company as it now appears on our records.).
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 12, 2024 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Winding Serenity Wellness Spa LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered 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.

_, Florida ____

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior ock does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be 1	05.0207 isted as
record specifies a delayed effective is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the o	earlier of: (b) The 90th day at	fter the
April 3	2024			
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