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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Cedar Massage Therapy UC 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:				
Elizabeth Joann Ganim Name of Person Cedar Massage Therapy Firm/Company 14717 Westbrook Cir, #305 Address Bradenton, FL 34211 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Fliabeth J Ganim at (239) 362-4392 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

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

_ C.E.DAR Ma	ssage	Therapy	LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears of Liability Company)	our records.)		
The Articles of Organization for this Limited Life Florida document number <u>L.240003</u>	iability Company 44630	were filed on A	nust 26, i	LLY and ass	igned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	nation "LLC" or th	e abbreviation "L.i	L.C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			2 <u>7</u> 2	
				Dir.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				012 F	manifest 1
				PH 4: SSEE.	Charle.
				- 14 B	
B. If amending the registered agent and/or r agent and/or the new registered office addres	•	address on our reco	rds, <u>enter the n</u>	ame of the nev	v registered
Name of New Registered Agent:	Elizal	beth J. (anim		
New Registered Office Address:	14717	WEST brod Enter Florida	Street address	# 30 <u>5</u>	
		tenton			
		City	, FROTIUM	Zip Code	
New Registered Agent's Signature if changing k	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.

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	Sophie Thompson	319 Billy Junes Rd	
		Sarasoto, FL 34232	Remove
MGR	Elizabeth Ganim	14717 Westbrook Cir.,	XAdd
		# 305,	□ Remove
		Bradenton, FL 34211	
			□Add
			□Remove
			①Change
			□Add
			□Remove
			□Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: Sep. 12 14 2024 (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 September 11th, 2024. Signature of a member or authorized representative of a member
F112abeth Ganim Sophie Thompson Typed or printed name of signee

Filing Fee: \$25.00