

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L25000421367

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOLISITC BALANCE MASSAGE AND SPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY

NOV 10 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 NOV -7 PM 3:17 HALL COUNTY, FLORIDA

HOLISITC BALANCE MASSAGE AND SPA 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 09/11/25 and assigned Florida document number L25000421367

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Holistic Balance Massage and Spa LLC

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 ADDRESS)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

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:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and state (Florida).

City

Florida

Zip Code

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.

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

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 DATE 11/07/25 BY 60322/UC/STP

