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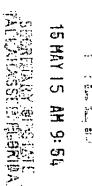
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MAY 21 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Massage / Unwind //C Odame of Vimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kaywana Taylor. Name of Person
Massage & Unwind 11c
1540 NE 191 St, Rot Day
Miami 121 33179 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () 954534 233C Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$\$\$\$\$\$\$\$ Certificate of Status \$\Bigcup \text{\$\$\$}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$}\$\$ \$\Bigcup \text{\$\$\$}\$\$ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/02/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. Massage Comfort Street	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1011 KI Hallandele Bch Blvd Hallandale Fl 33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1011 kl. Hallandale Beh Blvd Unit 108 Hallandele Bi 33009
B. If amending the registered agent and/or registered of 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:	City Florida Sireel adaress Canal Sireel adaress City Florida City

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 Type of Action **Address** Title Title <u>Name</u> _ Add _□ Remove _□ Change □ Add □ Remove _□ Change _ Add □ Remove ☐ Change □ Add ☐ Remove □ Change _ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00