

(Rec	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	<u></u>
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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TRANSMITTAL LETTER

TO: Registration Section	0
Registration Section Division of Corporations New Family Institute, LL SUBJECT: (New) Break Time Massage, L (Name of Limited Liability Company)	
ad Hew raining and	. 1
SUBJECT: New Break Time MUSSAGE, L	
(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:	
2 reads remain and consequent of the remaining and remaining the remaining.	
Ω_{1}	
Shera Kellu	
(Name of Person)	
U	

(Firm/Company)	
11086 Rachels Ridge 1000	
(Address)	
	-4
DCDEE Fl 3476/ (City/State and Zip Code)	ASS 5
(City/State and Zip Code)	
	Allass
For further information concerning this matter, please call:	N31 AM
Shexa Kellis 402 522 -	-0(B) =
(Name of Person) (Area Code & Daytime Tele	
or 522.	
Enclosed is a check for the following amount:	
	\$60.00 Filing Fee,
	ertificate of Status & ertified Copy
	additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_	·	New	(Present Name) imited Liability	ostitute,	LLC_	
FIRST: SECOND:		; amendme y:	nt(s) to the A	Articles of O	17,2004 and ass	opted by the limited	
1. Ch	ange Co		Name	From To	New Family I Brook Time P	Constitute, Li Wassage, LL	S C
	iove mg	R'5 T	om Hag Greg Bai	ood agewell		SECILLAHASSEE, FLORIDA	1 2
Dated	Januar	Signature	h 200 Shera Typed or	autorizetro	resentative of a member	(407) ====================================	-0106
					~		1

Filing Fee: \$25.00

effective Date of change if needed