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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carrollwood Massage Therapy, LC. (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:
Jamieson Heggedal (Name of Person)
Carrollwood massage Therapy, LCC (Firm/Company)
12936 n. Dale Mabry Hwy (Address)
Tampa FLorida 33618 (City/State and Zip Code)
For further information concerning this matter, please call:
Tamieson Hegge dal at (813) 404-8473 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c

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

(Present Name) (A Florida Limited Liability Company)

Carrollwood

The Articles of Organization were filed on July 36 and assigned FIRST: document number <u>L0400055388</u> SECOND: This amendment is submitted to amend the following: Diedre Dated or printed name of signec

Filing Fee: \$25.00

I hereby am familiar with and accept the duties and responsibilities as registered agent for Carrollwood Massage Therapy LLC.

Jamieson Heggedal

Registered Agent

Carrollwood Massage Therapy LLC.