

L04000057889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



000082695990

12/22/06--01018--001 **25.00

FILED
06 DEC 22 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-Team Massage, LLC
(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:

Tina Woodall

(Name of Person)

A-Team Massage

(Firm/Company)

8879 W. Colonial Drive #239

(Address)

Ocoee, FL 34761

(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Woodall

(Name of Person)

at (407) 489-1775

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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**

A-Team Massage, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/04/2004 and assigned
document number L04000057889.

SECOND: This amendment is submitted to amend the following:

Principal Address Change / Mailing Address Change and
Manager Address change for Kathleen Clemins & Tina Woodall

Please change the address for all areas noted above to:
8879 W. Colonial Drive #239
Ocoee, FL 34761

Dated December 19, 2006.



Signature of a member or authorized representative of a member

Tina Woodall

Typed or printed name of signee

FILED
06 DEC 22 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00