## L05000052266

(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:
A. LUNT
NOV <b>16</b> 2009
EXAMINE

Office Use Only



000162581390

11/12/09--01024--014 \*\*25.00



## **COVER LETTER**

SUBJECT:	MJ V	entures, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Michael Kern		
		Name of Person		
		MJ Ventures, LLC		
		Firm/Company		
		11858 179th CT N		
		Address	·	
		Jupiter, FL 33478		
		City/State and Zip Code		
	E-mail address: (	massageenvy.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	-	,	
	Michael Kern		34-0115	
Name	of Person	Area Code & Daytime T	elephone 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

(Name of the Limite	MJ Ventures, LLC	s on our records )	
(Maine of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	S ON OUT TECOTUS.	
The Articles of Organization for this Limited I	Liability Company were filed on	5/25/05	and assigned
Florida document numberL0500005			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company her	<u>e:</u>	2009 NO
The new name must be distinguishable and end w"L.L.C."	ith the words "Limited Liability Compa		C" or the abbreviation
Enter new principal offices address, if appli	cable:	[ ] ] 	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
		<u> </u>	8
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	POV		
Mauing dadress MAT BE A FOST OFFICE			
D. M			
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Michael Kern		······································
New Registered Office Address:	11858 179th CT N		
	Eni	er Florida street addr	ess
	Jupiter	, Florida	33478
	City		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			900 T			
			Madd			
			Bemove 7			
			D STATE			
			☐ Add Remove			
		<del></del>	·			
			Add			
			Remove			
			∏Add			
			Remove			
			<del></del>			
			AddRemove			
D. If a		nter change(s) here: (Attach additional sheets, if necessor	iry.)			
		rmation for the two members:				
	Michael Kern	Jerome Kern				
	11858 179th CT N	185 Cordova Rd. Ste 206	<del>~</del>			
	Jupiter, FL 33478	Ft. Lauderdale, FL33316				
Dated _	November 9	2009				
_	62					
	Signature of	of a member or authorized representative of a member	<del></del>			
	**************************************	Michael Kern Typed or printed name of signee				
		- 1 har or hitties timite of piglies				

Page 2 of 2

Filing Fee: \$25.00