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(Request	or's Name)	
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(City/Sta	te/Zip/Phone #)	
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COVER LETTER

TO:	Registration Se Division of Cor	ction , porations	. مو	•
CHIRI	Massage Er	nvy of Estero LLC	•	
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
ricasc	return an correspo	Gordon C Kaufman	to the following.	
			Name of Person	
		ME of SWFL LLC		
			Firm/Company	
		11054 Wine Palm Rd		
		-	Address	
		Fort Myers, FL 33966		
			City/State and Zip Code	
		gordon.kaufman@gmail.coi		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Gordo	on Kaufman		239 823-6932 at ()	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fec	□ \$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

Massage Envy of Estero LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/22/2006	and assigned
Florida document number L06000121963		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ME of Coconut Point LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11054 Wine Palm Rd	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33966	7 70
		- 0.50 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	- · · · · · · · · · · · · · · · · · · ·	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	daZip Code
	Спу	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	k does not meet	the applicable s	e of filing or more t statutory filing re-	(option than 90 days after fil quirements, this d	al) ling.) Pursuant to 60. ate will not be list	5.0207 (ted as t
he record specifies a delayed e		, but not an	effective time	e, at 12:01 a.r	m. on the earli	er of:
The 90th day after the recor						
February 23	, 20	017			77	
Dated February 23,	for -	· · · · · · · · · · · · · · · · · · ·			17 FEB 21	200 Mg (200 Mg) (200
February 23	for -	· · · · · · · · · · · · · · · · · · ·	representative of a	member	17 FEB 24 PM	ESOUTH REAL PROPERTY OF THE PR

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