

LD7000000905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

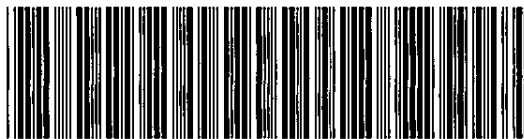
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -9 PM12:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Touch of Heaven Massage Therapy Center, 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:

Cathy D. Williams, LMT, Esthetician
(Name of Person)
A Touch of Heaven Massage Therapy Center, LLC
(Firm/Company)
620 E. Main Street
(Address)
Lake Butler, FL 32054
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy D. Williams at 386 496-1347
(Name of Person) (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 Touch of Heaven Massage Therapy Center, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-03-2007 and assigned Florida document number LD7000000905.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A Touch of Heaven Spa, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

620 E. Main Street
Lake Butler, FL 32054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____
(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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Nicholas Ryan M ^c Sweeney	620 E. Main Street Lake Butler, FL 32054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jeffrey E. Williams	620 E. Main Street Lake Butler, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Catherine D. Williams	620 E. Main Street Lake Butler, FL 32054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.

Catherine D. Williams, LMT, Esthetician
 Signature of a member or authorized representative of a member
Catherine D. Williams, LMT, Esthetician
 Typed or printed name of signee