

107000096375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

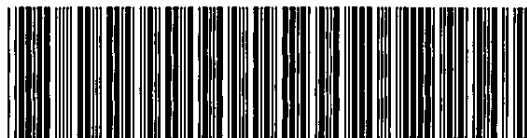
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Crescent Massage and Body Work, 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:

Henry A Webb

(Name of Person)

Crescent Massage and Body Work, LLC

(Firm/Company)

9467 Leatherwood Ave.

(Address)

Tampa/FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

Henry A Webb

(Name of Person)

at ( 813 ) 995-4376

(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

FILED  
07 OCT - 1 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Crescent Massage and Body Work, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 09-21-2007 and assigned document number L07000096375.

**SECOND:** This amendment is submitted to amend the following:

Please change the name our our LLC from:

Crescent Massage and Body Work, LLC

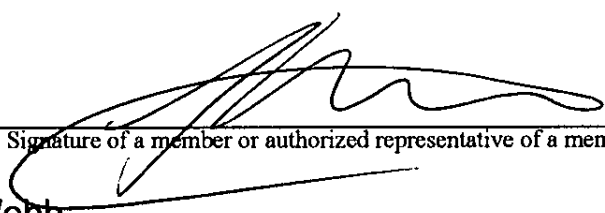
to:

Crescent Massage and Body Work, LLC

This was just an oversight.

**FILED**  
07 OCT - 1 PM 1:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated 09-21, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Henry A Webb

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**