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(R	equestor's Name)				
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(C	ity/State/Zip/Phone	· #)			
(0	,/ 5 (4.6/2)	,			
PICK-UP	☐ WAIT	MAIL			
· (Business Entity Name)					
,5		,			
(Document Number)					
Certified Copies	Certificates	of Status			

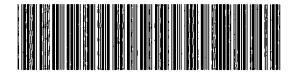
Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Massage Express LLC		
(Name of Li	imited Liability Company)	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Donald Nappi		
	(Name of Person)	
	(Firm/Company)	
270 NE 51st St	(Address)	· · · · · · · · · · · · · · · · · · ·
Fort Loudordolo F	, ,	
Fort Lauderdale, F	(City/State and Zip Code)	
For further information concerning this matter, please	e call:	
Gina Chiangi	at (954_) 649-4026	
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$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.	STREET/COURIER	: ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	and assigned on "LLC" or the abbrevia	
If amending name, enter the new name of the limited liability company here: P Corporate Massage LLC e new name must be distinguishable and end with the words "Limited Liability Company," the designation L.C." If amending the registered agent and/or registered office address on our records, enter	on "LLC" or the abbrevia	
If amending name, enter the new name of the limited liability company here: P Corporate Massage LLC enew name must be distinguishable and end with the words "Limited Liability Company," the designation L.C." If amending the registered agent and/or registered office address on our records, enter	on "LLC" or the abbrevia	
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If amending the registered agent and/or registered office address on our records, entergistered agent and/or the new registered office address here:		
	er the name of the i	
Name of New Registered Agent:	- Additional of the Text	
Name Designated Office Address.		
New Registered Office Address: (Enter Florida street of	(Enter Florida street address)	
	ŕ	
, Florida _	a(Zip Code)	
(City)	(Zip Code)	

(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 = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			AddRemove
			AddRemove
D. If amo	ending any other information, en	ter change(s) here: (Attach additional sheets, if nec	essary.)
-			
Dated	3/5	2008.	
	Signature o Gina Chiangi	f a member of authorized representative of a member	2008 MAI SECRE
		Typed or printed name of signee Page 2 of 2	ARY CASSEE
		Filing Fee: \$25.00	