## L0800004660

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special last vestions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



000260539670

EFFECTIVE DATE

06/13/14--01014--020 \*\*25.00

2014 JUN 13 PN 2: 4 SECOLO 1/200 DE STATE

TO: Registration Section  Division of Corporations
SUBJECT: Peak Performance Massage Therap
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peak Performance Massage Therapy Firm/Company
331 N. Maitland Ave, Sute C-3
Maitlan & Fl 32751 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 718.7325
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**COVER LETTER** 

## **MAILING ADDRESS:**

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

## STREET/COURIER ADDRESS:

'□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 JUN 13 PN 2: 41

SECHLIARY OF STATE

Peak Pertormance Ma	assage TherapyLAMALSCE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)' Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $05/08/2008$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Peak Performance We  The new name must be distinguishable and end with the words "Limited Liab	1 1 2
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NH
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	NA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:	NA
	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 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			□ Add

□ Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
_	
_	
(The effec	tive date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	June 6th Zout
Daicd_	10/11/
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

