

L090001 13926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

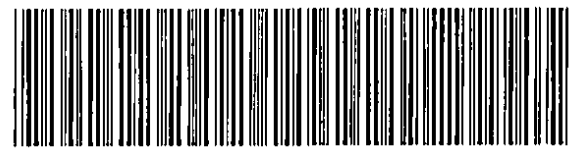
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 16 2020

Registration Section  
Division of Corporations

CT: Advanced Alternatives Massage Therapy LLC  
Name of Limited Liability Company

losed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

Leisa R Peach  
Name of Person

1400 Village Square Blvd  
~~1400 Village Square Blvd~~

STE 3 Box 411  
Address

Tallahassee FL 32312  
City/State and Zip Code

leisapeach@aol.com  
E-mail address: (to be used for future annual report notification)

her information concerning this matter, please call:

Leisa Peach at (850) 766-5889  
Name of Person Area Code Daytime Telephone Number

☒ I is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$0.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

Advanced Alternatives Massage Therapy LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 11/30/2009 and assigned document number L090000113926.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

N/A  
The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Postal office address MUST BE A STREET ADDRESS

1910 Buford Blvd Ste 9A  
Tallahassee FL 32308

New mailing address, if applicable:

Post office address MAY BE A POST OFFICE BOX

1400 Village Square Blvd  
STE 3 Box 411  
Tallahassee FL 32312

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:


Heisa Peach

New Registered Office Address:

1400 Village Sq. Blvd STE 3 Box 411  
Enter Florida street address  
Tallahassee, Florida 32312  
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand 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.

  
Heisa Peach  
If Changing Registered Agent, Signature of New Registered Agent

oved from our records:

= Manager  
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
3R Leisa Peach	1400 Village Square Blvd	<input type="checkbox"/> Add
	GTE 3 Box 411	<input type="checkbox"/> Remove
	Tallahassee FL 32312	<input checked="" type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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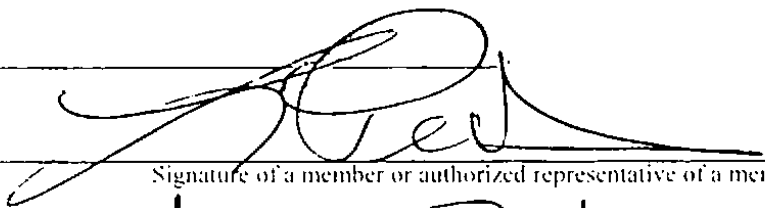
Adding any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

2. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

3. If the order specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing.



Signature of a member or authorized representative of a member

Heisa R Peach

Typed or printed name of signee