

L10000024154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
JUL - 6 PM 3:10  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUL - 7 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Essentials Massage & Facials Of Pasadena, 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:

Kimberly M. Didona  
Name of Person

Essentials Massage & Facials of Pasadena, LLC  
Firm/Company

6490 Central Avenue  
Address

ST. Petersburg, FL 33707  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kimberly M. Didona at (813) 393-7407  
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

11 JUL -6 PM 3:10  
STATE  
TALLAHASSEE, FLORIDA

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

Essentials Massage & Facials Of Pasadena, 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 3-3-10 and assigned  
Florida document number L10000024154.

This amendment is submitted to amend the following:

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

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)

6490 Central Avenue  
ST. Petersburg, FL 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2813 Rolling Acres Place  
Valrico, FL 33596

**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:

Kimberly M. Didona

New Registered Office Address:

6490 Central Avenue

*Enter Florida street address*

ST. Petersburg, Florida 33707  
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.*

K.M. Didona  
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	James D. Weems	6707 1ST AVE. South ST. Petersburg, FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Eve Long	6707 1ST AVE. South St. Petersburg, FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kimberly M. Didona	6490 Central Avenue ST. Petersburg, FL 33707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joseph C. Didona	6490 Central Avenue ST. Petersburg, FL 33707	<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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 JUL -6 PM 3:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated \_\_\_\_\_, \_\_\_\_\_;

K. M. Didona  
Signature of a member or authorized representative of a member

Kimberly M. Didona  
Typed or printed name of signee