

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M & O MASSAGE THERAPY SERVICES LLC

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SEP 1 2 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M D HOSS (Name of the Limited Liability (A Florida Li	OJE THE CAPY SERVICES LLC Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number LIOOOO 53213	- LO -
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit.	ed liability company here:
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "Lici" or the abbreviation
Enter new principal offices address, if applicable:	1140 W 50 5T
(Principal office address MUST BE A STREET ADDRE	SSS) 5 With # 702
	Hialeah, Fl 33012
Enter new mailing address, if applicable:	1140 W 50 ST
(Mailing address MAY BE A POST OFFICE BOX)	suffe # 202
	Higleah, Fl 33012
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ess bere:
Name of New Registered Agent:	
New Registered Office Address:	1140 W 50 ST # 202 Enter Florida street address
	Hiatean Florida 33012

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.

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>	Name	Address	Type of Action
mgim	Juan C Correa Vila	1140 W 50 ST #202	
		Higkah, FL 33012	_ Remove Remove
	N		
			Remove
			Add
		AE SE	Remove !
		SEGALIARY OF STATE TALLAHASSEE, FLORIDA	SP FILA
		RIDA	7: 55 -
			_ Add
			Remove
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			Rепюче

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated_	September 10, 2013
	Dum Willa.
	Signature of a rhember or authorized representative of a member
	Juan C Correa Vila
	Typed or printed name of signee
	Page 3 of 3

13 SEP 11 AM 7: 5
SECRETARY OF STATE