

SEP/25/2013 WED 12:37 PM

9/25/13

PAY No.

P 001/004

Division of Corporations

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M & O MASSAGE THERAPY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 26 2013
A. LUNT

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

M & O MESSAGE THERAPY SERVICES 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 03/26/2010 and assigned
Florida document number L10000033215.

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)

1140 W 50TH ST
SUITE# 200A
HIALEAH FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1140 W 50TH ST
SUITE# 200A
HIALEAH FL 33012

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:

New Registered Office Address:

1140 W 50TH ST SUITE# 200A

Enter Florida street address

HIALEAH

Florida 33012

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGRM	JUAN C CORREA VILA	1140 W 50TH ST	<input type="checkbox"/> Add
------	--------------------	----------------	------------------------------

		SUITE# 200A	<input type="checkbox"/> Remove
--	--	-------------	---------------------------------

		HIALEAH FL 33012	<input checked="" type="checkbox"/> change
--	--	------------------	---

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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STATE OF FLORIDA
HALL COUNTY
TALLAHASSEE, FL 32309

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

Dated **SEPTEMBER 25**, **2013**



Signature of a member or authorized representative of a member

JUAN C CORREA VILA

Typed or printed name of signer

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