

L10006 111545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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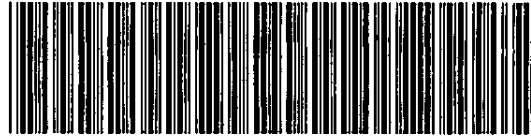
(Business Entity Name)

(Document Number)

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MAY 21 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Christina's Total Skincare and Massage Studio, 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:

Christina M. Militano  
Name of Person

Christina's Total Skincare & Massage Studio, LLC  
Firm/Company

922 SW Lighthouse Drive  
Address

Palm City, Florida 34990  
City/State and Zip Code

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

For further information concerning this matter, please call:

Christina M Militano at 772 288-2722  
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

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

Christina's Total Skincare and Massage Studio, 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 10/21/2010 and assigned  
Florida document number L10000111545

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)**

922 SW Lighthouse Drive  
Palm City, Florida 34990

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

922 SW Lighthouse Drive  
Palm City, Florida 34990

**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:**

SAME

**New Registered Office Address:**

922 SW Lighthouse Drive  
Enter Florida street address

Palm City  
City

Florida

34990  
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**

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>NEW ADDRESS</u>	<u>Type of Action</u>
	Not Applicable NO CHANGE OF MANAGER CHRISTINA M. Militano	922 SW Lighthouse Dr. Palm City, Florida 34990		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	No change of Manager Gerard F. Militano	922 SW Lighthouse Dr. Palm City, Florida 34990		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated

May 13, 2013

*Christina M. Militano*

Signature of a member or authorized representative of a member

Christina M. Militano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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