1000011662

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Stat	us		
Special Instructions to Filing Officer:			
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11/17/10--01004--029 **35.00

DIVISION OF CORPORATIONS

T. HAMPTON

DEC 1 5 2010

FYAMINER

COVER LETTER

	gistration Serision of Cor				
SUBJECT:		WEST MIAMI MAS	SAGE WAREHOUS	SE LLC	
SCBOLC II			ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
			DIANELYS SUAREZ		
			Name of Person		
		WEST MIAM	II MASSAGE WAREH	DUSE LLC	
			Firm/Company		
		7371 SW 12 ST			
			Address		
			MIAMI, FL 33144		
		 	City/State and Zip Code		
		SILVI	ASNIC@HOTMAIL.CO	DMMC	
For further in	nformation c	e-mail address: (to be used for future annual reportable:	rt notification)	
	SILV	/IA SANTANA	at (_305_)	244-54	1 89
	Name o	f Person		Daytime Telepho	ne Number
Enclosed is a	a check for th	ne following amount:			
\$25.00 Fi	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circ	



RECEIVED

10 DEC 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 19, 2010

SILVIA SANTANA 1120 SW 73 AVE MIAMI, FL 33144

SUBJECT: WEST MIAMI MASSAGE WAREHOUSE LLC

Ref. Number: L10000111662

We have received your document for WEST MIAMI MASSAGE WAREHOUSE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 310A00027263

ARTICLES OF AMENDMENT SECRETARY OF STATE TO DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION OF JO DEC 14 PM 9:41

WEST MIAMI MA	SSAGE WAREHOU	JSE LLC	
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/26/10	and assigned
Florida document numberL10000111662			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here	:	
WEST MIAMI MASSAGE	WAREHOUSE FURN	NITURE LLC	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ur records, <u>enter</u>	the name of the new
	 		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Citu	, Florida	Zip Code
	City		ыр Соае

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 Maor Managing Member being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	Name '	Address	Type of Action
+71 +			Add Remove
	, <u> </u>		Add Remove
			Add Remove
D. If an	Please Change West Midmi Mas.	e(s) here: (Attach additional sheets, if necessary.) NAME TO: sage Wavehovse Furnitur	e LLe.
			SECRETA DIVISION OF I
Dated	DECEMBER 6 20	or authorized representative of a member	RY OF STATE
	T	NELYS SUAREZ	
		or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00