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# **COVER LETTER**

LLC

TO: Registration Section Division of Corporations
SUBJECT: POCY CLUQUE MASSAGE & SPA
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tabitha thompson
a Day away masinso & spa UL
195 Baggett Place 5W
City/State and Zip Code  City/State and Zip Code  Dambou Acha V Jahoo CCL  H-mail address: (to be used for future annual report no fification)
For further information concerning this matter, please call:
Name of Person at (850 581-5452  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  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



	2015 OCT -9 PM 12: 59
A Day Auray Mo	issage Hoof Spa UC
(Name of the Limited Liability (A Florida L	Companyas it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number \(\times \to	mpany were filed on $\frac{1}{C_1} - \frac{1}{2010}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ting name, enter the new name of the limited liability company here:  must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  principal offices address, if applicable:  ffice address MUST BE A STREET ADDRESS)  mailing address, if applicable:  dress MAY BE A POST OFFICE BOX)  anding the registered agent and/or registered office address on our records, enter the name of the new
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action Title Name **Address** Charles austin 208 many esther BUHAND m6 km may PSHOLK 32569 Reinove ☐ Change mbl Charles austin 195 Bassetplace add Fort waith Bch & 354 ☐ Change AUSTIN Sena 195 Bagget Place 5Worked For warron But Fl 3254V Remove \_\_\_\_\_ 🗆 Change □ Add \_\_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00