# 00889000011

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	*** · · · · · · · · · · · · · · · · · ·

Office Use Only



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B. BOSTICK
MAY 2 0 2014
EXAMINER

### **COVER LETTER**

TO: Registration Sect Division of Corp			
SUBJECT: Philing	da's LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Philip Dyke		
		Name of Person	
	Massage and	d Facial Works	
		Firm/Company	
	2092 6th Ave	<del>)</del>	
		Address	
	Vero Beach	FL 32960	
	massagaandfaaia	City/State and Zip Code	
		lworks@gmail.com  be used for future annual report notificat	tion)
For further information con	cerning this matter, please cal	u:	:
Philip Dyke		<sub>at</sub> 772 <sub>,</sub> 569-77	70
Name of P	erson	Area Code Daytime Te	elephone 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:

TO:

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

Massage and Facial Works, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>01/21/2011</u>	and assigned
Florida document number L11000008800		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Philipag's Massage	and Skin Therapy	LLC
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		(CD)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		***************************************
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Remove
			□ Add
			□ Remove
		•	
<u> </u>		**************************************	Add
			Remove
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			Remove
		□ Add	
			U Remove
	444.444.7		
		Add	
			□ Remove

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.</u>	,
Effective (The effective	date, if other than the date of filing:
Dated	April 21, 2014.
	Philip Dyke
	bignature of a member or authorized representative of a member
	Philip Dyke
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2014

PHILIP DYKE 2092 6TH AVENUE VERO BEACH, FL 32960

SUBJECT: MASSAGE AND FACIAL WORKS, LLC

Ref. Number: L11000008800

We have received your document for MASSAGE AND FACIAL WORKS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00009079

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