

L 11 0000 46563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL - 5 2011

EXAMINER



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07/01/11--01030--002 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL - 1 AM 8:25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RESTORASSAGE "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:

Rene Del Pozo

Name of Person

RESTORASSAGE "LLC."

Firm/Company

6028 Sanctuary Garden Blvd.

Address

Port Orange, Florida 32128

City/State and Zip Code

USAQ215@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Del Pozo

Name of Person

at ( 386 )

290-7791

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

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SECRETARY OF CORPORATIONS  
11 JUL -1 AM 8:25

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

**RESTORASSAGE "LLC."**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
11 JUL - 1 AM 8:25

The Articles of Organization for this Limited Liability Company were filed on April 19th 2011 and assigned  
Florida document number L11000046563.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

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

N/A

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

**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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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**

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

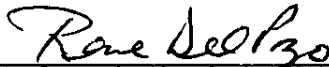
**MGRM** = Managing Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|---------------------|---|--|
| MGR          | Eleanor L. Del Pozo | 6028 Sanctuary Garden Blvd.<br>Port Orange, Florida 32128 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member



Typed or printed name of signee