

L1200000 4921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

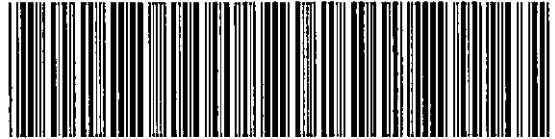
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/20--01017--025 ++48.75

FILED
2020 MAY -1 PM 1:20

Amend
Chris
Name chg

MAY 04 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLISSFUL HEALINGS MASSAGE, 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:

LAURA DAVIS
Name of Person

LAURA DAVIS ACCOUNTING & TAX SERVICE LLC
Firm/Company

3623 E FORT KING STREET
Address

OCALA, FL 34470
City/State and Zip Code

DAVIS TAX 101 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA L DAVIS at (352) 624-1505
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Already paid \$75.00

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 APR -1 PM 8:06

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2020

LAURA DAVIS
3623 E FORT KING STREET
OCALA, FL 34470

SUBJECT: BLISSFUL HEALINGS MASSAGE, LLC
Ref. Number: L12000004921

We have received your document for BLISSFUL HEALINGS MASSAGE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 820A00007149

*If any questions, please call me.
352-624-1505
Laura Davis*

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

Blissful Healings Massage 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 01/11/2012 and assigned
Florida document number L12000004921.

This amendment is submitted to amend the following:

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

Evolve Health Solutions, LLC

The new name must be distinguishable and contain 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)

1325 SE 25th Loop

Suite 101

Ocala, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1325 SE 25th Loop

Suite 101

Ocala, FL 34471

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:

4472 SE 109th PLACE

Enter Florida street address

Belleview

City

Florida

34420

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

}Add

☐ Remove

☒ Change

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 4/29/20

Signature of a member or authorized representative of a member

Wendy Fish
Typed or printed name of signee

Filing Fee: \$25.00