

L12000072577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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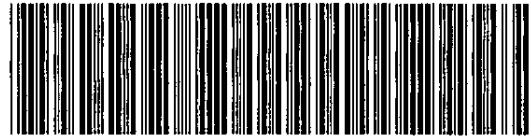
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 16 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ART OF ACUPUNCTURE 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:

Christina B. Didyk
Name of Person

Art of Acupuncture
Firm/Company

2317 TROPICAL SHORES DR SE
Address

ST. PETERS BURG, FL 33705
City/State and Zip Code

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

For further information concerning this matter, please call:

Hillary Talbot at (727) 455-3070
Name of Person 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

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

ART OF ACUPUNCTURE LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 5/31/2012 and assigned Florida document number L12000072577.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Didyk, Christina B	2317 TROPICAL SHORES DR SE St. Petersburg, FL 33705	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Talbot, Hillary	1650 28th AVE N St. Petersburg, FL 33713	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR MGMR	Oasis Acutherapies, LLC	1650 28th AVE N St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR MGMR	Christina S. Bickley DOM, LLC	2317 TROPICAL SHORES DR SE St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 7, 2012

Signature of a n

Signature of a member or authorized representative of a member

HILARY TRIBOTT

Typed or printed name of signee

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TALLAHASSEE, FLORIDA