

L12000072628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

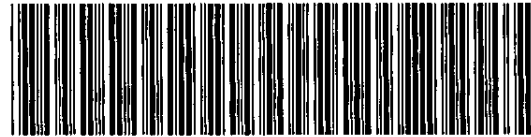
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200241512742

11/09/12--01006--007 **25.00

FILED

2012 NOV -9 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 13 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THOM'S TIKI TAN & 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:

Name of Person
JAMES KARL & ASSOCIATES
Firm/Company
678 BALD EAGLE DRIVE
Address
MARCO ISLAND, FL 34145
City/State and Zip Code
JIM@KARLLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

FILED
2012 NOV -9 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES L. KARL at **239 642-9988**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

THOM'S TIKI TAN & 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 MAY 31, 2012 and assigned
Florida document number L12000072628.

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)

678 BALD EAGLE DRIVE

MARCO ISLAND, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

678 BALD EAGLE DRIVE

MARCO ISLAND, FL 34145

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:

JAMES KARL & ASSOCIATES, P. A.

New Registered Office Address:

678 BALD EAGLE DRIVE

Enter Florida street address

MARCO ISLAND, Florida 34145

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.

[Signature]
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>
MGMR	RUSSELL, BRYAN	678 BALD EAGLE DRIVE	<input checked="" type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<input type="checkbox"/> Remove
MGR	THOMAS, DUANE O JR.	933 N COLLIER BLVD	<input type="checkbox"/> Add
		MARCO ISLAND, FL 34145 US	<input checked="" type="checkbox"/> Remove
MGMR	SMITH, RENEE W	933 N COLLIER BLVD	<input type="checkbox"/> Add
		MARCO ISLAND, FL 34145 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV -9 PM 2:49

FILED

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

Dated November 07, 2012, _____.



Signature of a member or authorized representative of a member

JAMES KARL & ASSOCIATES, P.A.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

**2012 NOV -9 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**