U1d000098773

(Requestor's Name)		
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COVER LETTER

	ision of Corp			
SUBJECT:	CIRCLE	F HANDS PROMOTI	ONAL MASSAGE, LLC	
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		MATTHEW LIGHTF	тос	
			Name of Person	
			Firm/Company	
		5703 RED BUG LAK	Œ ROAD, STE 138	
			Address	
		WINTER SPRINGS,	FL 32708	
		_	City/State and Zip Code ANDCONCEPTS.COM o be used for future annual report notific	
For further in	iformation cor	ncerning this matter, please ca	·	ation)
	W LIGHTF	-	321 206-0605	
	Name of I	Person		Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

CIRCLE OF HANDS PROMOTIONAL M		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L12000098773	were filed on 08/01/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:	
CIRCLE OF HANDS CHAIR MASSAGE, LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		0V = =
		三
Enter new mailing address, if applicable:		FILE AR 30 I ETARYO AHASSEE
Mailing address MAY BE A POST OFFICE BOX)		
	Menter	
 If amending the registered agent and/or registered or registered agent and/or the new registered office address here. 		ls, enter the name of the
egimered agent and/or the new registered office address her	<u>v</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	2.5.5
	, F	lorida
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

7

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	- Mil Sain		Add
			☐ Remove
		,	
			□ Remove
			
	·		Add
			□ Remove
			□ Remove
			☐ Remove
			
			☐ Remove

If amending any other information, ente	r change(s) here: (Attach ac	dditional sheets, if necessary.)
		
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	ling: o date of receipt or filed date and ca ment of State)	(optional) unnot be more than 90 days after
Dated MARCH 26	2015	
mall		
	f a member or authorized represen	tative of a member
MATTHEW LIGHTFOOT	The state of the s	
	Typed or printed name of sign	nee

Page 3 of 3

Filing Fee: \$25.00