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C. LEWIS

JAN 2 9 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

Soothe Your Soul 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:

Bill Holt

Name of Person

Soothe Your Soul Massage Therapy

Firm/Company

11590 Seminole BLVD C-1

Address

Largo Florida 33778

City/State and Zip Code

sootheyoursoul41@gmail.com

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

For further information concerning this matter, please call:

Bill Holt

 $\frac{727}{688}$

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)

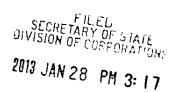
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



Soothe Your Soul Massag				
(<u>Name of the Limitec</u>	Liability Compar Florida Limited L	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 01/02/	and assigned	
Florida document number L1300000341	•			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
Soothe Your Soul Massage LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		11590 Seminole	BLVD C-1	
(Principal office address MUST BE A STREET ADDRESS)		Largo FL. 33778	3	
Enter new mailing address, if applicable:		11590 Seminole BLVD C-1		
(Mailing address MAY BE A POST OFFICE BOX)		Largo FL. 3377	3	
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the new	
Name of New Registered Agent:	Bill Holt	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	6306 S. MacDill ave. Apt. 609			
		Enter F	lorida street address	
	Tampa		Florida 33611	
		City	7 in 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: SECRETARY OF STATE DIVISION OF CORPORATION

MGR = Manager MGRM = Managing Member

2013 JAN 28 PM 3: 17

		Jim 20 (1) 3. 1 /	
<u>Title</u>	<u>Name</u>		vpe of Action
MGR	Bill Holt	6306 S. MacDill ave. Apt 609	√ Add
		Tampa FL. 33611	Remove
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
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Brandi Turn	er is not the owner, only a partner	OF STATE PORATION
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		_
Dated 1/23/2013	··	
	Sell Half	
Dill Halt	Signature of a member or authorized representative of a member	
Bill Holt	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00