

L13000045533

(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

SEP 06 2013

McAmel

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

ROBBIN WILKINSON, AELL

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:

ROBBIN WILKINSON

Name of Person

THERAPEUTIC TOUCH AESTHETICS & BODYWORK

Firm/Company

2119 E. FT. KING STREET

Address

Ocala, FL 34471

City/State and Zip Code

ROBBINWILKINSON@GMAIL.COM

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

For further information concerning this matter, please call:

ROBBIN WILKINSON

Name of Person

at 352 427-4477

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

Please make these changes  
effective Sept. 1, 2013.  
Thank you - Robin

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

ROBBIN WILKINSON, AE, 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 3/27/13 and assigned  
Florida document number L13000045533.

This amendment is submitted to amend the following:

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

Therapeutic Touch Aesthetics & Bodywork, LLC

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)

2119 E. FT. KING ST.  
OCALA, FL 34471

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2119 E. FT. KING ST.  
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:

Allison Wilkinson

New Registered Office Address:

8780 SW 211<sup>th</sup> Circle

Enter Florida street address

Dunnellon

City

Florida

34431

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.

Allison Wilkinson

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>
MGRM	Allison Wilkinson	8780 SW 211 <sup>th</sup> Crk Dunnellon, FL 34431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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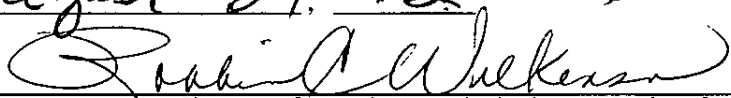
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Dated

August 29, 13.



Signature of a member or authorized representative of a member

Robbin C. Wilkinson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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