3000083081

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| · | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL . |
| (Bu | isiness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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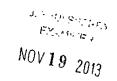
Office Use Only



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COVER LETTER

| TO. | Registration Section |
|-----|--------------------------|
| ٠. | Division of Corporations |

XIA 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:

| David Gordon | |
|--|-------------|
| Name of Person | |
| | |
| Firm/Company | |
| PO Box 937 | |
| Address | |
| Ranchester, WY 82839 | · . |
| City/State and Zip Code | |
| wygorvid@gmail.com | |
| E-mail address: (to be used for future annual report notification) | |
| cerning this matter, please call: | - |
| 404 0400 | |

For further information con-

Dave Gordon

at (307)461-2122

Area Code & Daytime Telephone Number

Name of Person

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

| XIA Massage, LLC | | | | |
|---|--|---|-------------|-----------------------|
| (Name of the Limited I | L iability Compa Florida Limited I | ny as it now appears on our red liability Company) | cords. | |
| The Articles of Organization for this Limited Lia | bility Company | were filed on June 7, 201 | 3 | and assigned |
| Florida document number L13000083081 | · | | | |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | | | " or the abbreviation |
| Enter new principal offices address, if applica | ble: | Body & Sole Massage | | 200 |
| (Principal office address MUST BE A STREET | (ADDRESS) | 10300 Southside Blvd | | <u> </u> |
| | | Jacksonville, FL32256 | <u> </u> | <u> </u> |
| | | | , | |
| Enter new mailing address, if applicable: | | Dave Gordon | | 77 |
| (Mailing address MAY BE A POST OFFICE BOX) | | PO Box 937 | • . | <u> </u> |
| | | Ranchester, WY 8283 | 19 👯 | Ω N |
| B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address: | ice address her | | | |
| | Jacksonvill | e n | lorida 3225 | 56 |
| | | 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Man MGRM = M | ager anaging Member | | |
|-----------------------|------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
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| 11 A(I | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| :d | NOVEMBER 8, 2013 |
| | I me w former |
| | Signature of a member or authorized representative of a member |
| | David W. Gordon |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00