

L13000083562

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2013

J. BRYAN

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Boca Life Massage Therapy 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:

Lana De Vettori

Name of Person

Boca Life Massage Therapy LLC

Firm/Company

301 Albee Road West

Address

Nokomis, FL 34275

City/State and Zip Code

lanamassage@yahoo.com or luchitoluchito71@yahoo.com

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

For further information concerning this matter, please call:

Lana De Vettori

Name of Person

941 456-2878

at ()

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

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TALLAHASSEE, FLORIDA

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

Boca Life Massage Therapy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/10/2013 and assigned
Florida document number L13000083562.

This amendment is submitted to amend the following:

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

Beach Life Wellness Institute, 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)

301 Albee Road West

Nokomis, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 Albee Road West

Nokomis, FL 34275

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:

New Registered Office Address:

301 Albee Road West

Enter Florida street address

Nokomis

City

, Florida 34275

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

MGR = Manager
MGRM = Managing Member

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 TALLAHASSEE, FLORIDA
☐ Remove

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

Change MGRM address to:

301 Albee Road West

Nokomis, FL 34275

Dated August 12, 2013.

Lana De Vettori

Signature of a member or authorized representative of a member

Lana De Vettori

Typed or printed name of signee

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