

**L13000152064**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

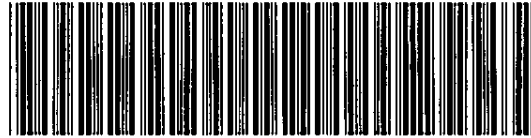
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(Document Number)

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13 DEC 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**C. LEWIS**  
DEC 17 2013  
**EXAMINER**

12-12-2013

To whom it may concern,

Enclosed is an amendment changing the address of All American Massage LLC.

Former: 5001 S. University Drive Suite D, Davie Fl. 33328

To: 5001 S. University Drive Suite H, Davie Fl. 33328

Thank You

A handwritten signature in black ink, appearing to read "Lara R. Bush", with a long horizontal flourish extending to the right.

Lara Bush

Administrative Manager

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

All American Massage

LLC

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

APPROVED  
AND  
FILED  
13 DEC 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 28th, 2013 and assigned  
Florida document number L13000152064

This amendment is submitted to amend the following:

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

N/A

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)

5001 S. University Dr. Suite H

Davie Fl. 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5001 S. University Dr. Suite H

Davie Fl. 33328

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:

n/a

New Registered Office Address:

5001 S. University Dr. Suite H

*Enter Florida street address*

Davie

*City*

Florida

33328

*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, 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>
	n/a		<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.)

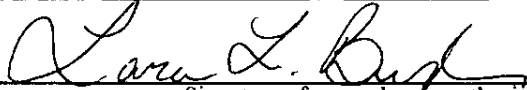
n/a

APPROVED  
AND  
FILED

13 DEC 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

12/11/2013



Signature of a member or authorized representative of a member

Lara Lynn Bush

Typed or printed name of signee

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Filing Fee: \$25.00