L13000165796

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900349732569

09/05/20---01014---00, *450.00

2020 AUG -5 AM 9: 13
SECRETARY OF STATE
TALLATIAS SEE STATE



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

on of Corp	oorations			
ampa Ther	apeutic and Relaxation Massa	ge LLC		
	Name of Lim	ited Liability Company		
rticles of /	Amendment and fee(s) are sub	mitted for filing.		
l correspor	ndence concerning this matter	to the following:		
	Joanna M Pyatt			
		Name of Person		
	Tampa Therapeutic and Re	claxation Massage LLC	10	2
Firm/Company				
8907 Regents Park Dr Suite 350				7020 AUG -
		Address		5
Tampa FL 33647				
	joannapyattmassage@gmai	City/State and Zip Code		9 - 13
	E-mail address: (to be used for future annual report notifi	cation)	
rmation ec	oncerning this matter, please ca	ıll:		
		813 422-0525		
Name of	Person		Telephone Number	
neck for the	e following amount:			
ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy	atus &
		Street Address: Registration Sec	tion	
		Division of Corp	orations	
	ricles of z correspondence for the seck for	Name of Limitations of Amendment and fee(s) are substanticles of Amendment and fee(s) are substantial correspondence concerning this matter Joanna M Pyatt Tampa Therapeutic and Re 8907 Regents Park Dr Suit Tampa FL 33647 joannapyattmassage@gmail E-mail address: formation concerning this matter, please cannot be a substantial concerning this matter. The substantial concerning this matter is please cannot be a substantial concerning this matter.	Impa Therapeutic and Relaxation Massage LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Joanna M Pyatt Name of Person Tampa Therapeutic and Relaxation Massage LLC Firm/Company 8967 Regents Park Dr Suite 350 Address Tampa FL 33647 City/State and Zip Code joannapyattmassage@gmail.com E-mail address: (to be used for future annual report notification concerning this matter, please call: Name of Person Area Code Daytime Deck for the following amount: Ing Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: tration Section Registration Section ion of Corporations	Tampa Therapeutic and Relaxation Massage LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Joanna M Pyatt

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Therapeutic and Relaxation l	_		
(<u>Name of the Limite</u>	<u>d Liability Compa</u> A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited List Plorida document number L13000168796	ability Company	were filed on 12/5/2013	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:		8907 Regents Park Dr Suite 350	
Principal office address MUST BE A STREET ADDRESS)		Tampa FL 33647	2020 SEC
Enter new mailing address, if applicable:		8907 Regents Park Dr Suite 350	ARY OF
(Mailing address MAY BE A POST OFFICE BOX)		Tampa FL 33647	(C) (G)
			77 E
 If amending the registered agent and/or regent and/or the new registered office addres 	•	address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	Joanna Pyatt		
New Registered Office Address:	8907 Regents F	Park Dr Suite 350	
		Enter Florida street address	
	Tampa	Florid	la <u>33647</u>
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Franko Triscritti	8913 Regents Park Dr Suite 680	
		Tampa FL 33647	■Remove
			□Change
MGRM	Joanna Pyatt	8907 Regents Park Dr Suite 350	= Add
		Tampa FL 33647	□Remove
			□Change
			□Add
			Remove
			[] Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

								
			<u> </u>					_
				<u> </u>				_
								
								_
		<u> </u>						_
				_				_
								_
								_
						Ŋ	~	_ _
						AC.	2020	_
						RE	AUG	
						AIR AIR	2	Calvari Calvari
-						25.04 20.04 20.04	AM	-
		<u></u>				<u></u>	-	7.
							-	
							<u> </u>	
ective date, if other than effective date is listed, the date	must be specific ar	nd cannot be prio	r to date of filing	gor more than 90		g.) Pursi		
e: If the date inserted in thi ument's effective date on the				filing requiren	ents, this dat	ie will r	iot be li	isted a
cord specifies a delayed effe s filed.	etive date, but no	ot an effective t	ime, at 12:01	a.m. on the ear	ier of: (b) = 1	The 90th	h day at	iter the
July 29		2020	·					
ea								
	nkn	yyyyy ill a member or auth	Pirale					