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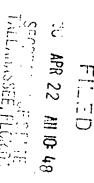
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	teaven S	Sen + Mas ited Liability Company	sage, LLC	, 
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Rebec	ca Wade	<del></del>	
		Firm/Company		
	3001 C	rest br.		
	Clearwa	ater to 3	33759	<b>ا</b> دند
	E-mail address: (	to be used for future almual report notifi		.
For further information co	ncerning this matter, please ca	ail:	1508	_
Rebecc	e Wade	2 at (727) 804 Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 (

(Name of the Limited Liability Compa (A Florida Limited	Massage LLC  inv as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number/400 00/.9	were filed on $\frac{02/05/14}{773}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabilette Lia	eille
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
Tropista of Italians.	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 **Type of Action** <u>Title</u> Address AMBR Eric Wade ☐ Remove ☐ Change □ Add ☐ Remove - □ Remove Changes ☐ Add \_□ Remove □ Change □ Add \_□ Remove

☐ Change

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fan effective da Note: If the da	te is listed, the date tate tate inserted in this	the date of filing must be specific and s block does not m c Department of S	l cannot be prior to neet the applicab	date of filing or mode statutory filing	e than 90 days afte	tional) er filing.) Pursuant iis date will not	ı to 605.0207 be listed as t
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Page 3 of 3

Filing Fee: \$25.00