

L140000059340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

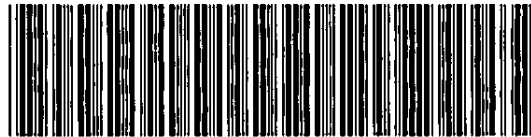
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2014 MAY 19 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouffigan MAY 27 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tru Beaute, 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:

Valerie Manton

Name of Person

Firm/Company

8519 Jackson Springs Rd

Address

Tampa, FL 33615

City/State and Zip Code

valamyot@gmail.com

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

For further information concerning this matter, please call:

Valerie Manton

Name of Person

at 573 746-0668

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2014 MAY 19 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tru Beaute, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/10/2014 and assigned  
Florida document number L14000059340

This amendment is submitted to amend the following:

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

Balance Therapeutic Massage, 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:

8519 Jackson Springs Rd

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33615

Enter new mailing address, if applicable:

8519 Jackson Springs Rd

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33615

**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:

Arnell Anderson

New Registered Office Address:

8619 Jackson Springs Rd

Enter Florida street address

Tampa

City

Florida 33615

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.

Arnell Anderson  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alex Amyot	8519 Jackson Springs Tampa, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Uchenna Aningo	6328 Gunn Hwy St C Tampa, FL 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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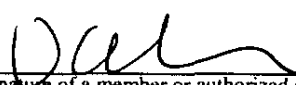
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 11, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Valerie Manton

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA