

L19000059553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

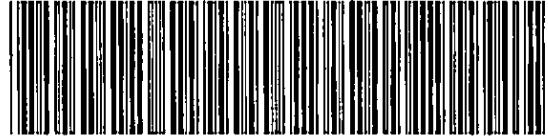
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200308557102

02/06/18--01023--013 **30.00

FILED

2018 FEB - 6 A 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB - 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACK IN BALANCE 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:

AGNES STEVENS
Name of Person

BACK IN BALANCE MASSAGE THERAPY, LLC
Firm/Company

3502 W. EMPERADO ST. APT. B
Address

TAMPA, FL 33629
City/State and Zip Code

HEIDSTER30@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEIDI JENKINS at (727) 459-5569
Name of Person 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

2018 FEB - 6 A 11:42
STATE OF FLORIDA
TALLAHASSEE

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BACK IN BALANCE MASSAGE THERAPY, 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 4-11-2014 and assigned Florida document number L14000059553

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

5943 45TH AVENUE N.
ST. PETERSBURG, FL 33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5943 45TH AVENUE N.
ST. PETERSBURG, FL 33709

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:

HEIDI JENKINS

New Registered Office Address:

5943 45TH AVENUE N.

Enter Florida street address

ST. PETERSBURG

City

, Florida 33709

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.

HEIDI JENKINS
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>AGNES STEVENS</u>	<u>3502 N. EMPEDRADO ST,</u> <u>APT, B</u> <u>TAMPA, FL 33629</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>HEIDI JENKINS</u>	<u>5943 45TH AVENUE N,</u> <u>ST. PETERSBURG, FL 33709</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2018 FEB - 1
SECURED
TALLAHASSEE
CLERK OF
COURT

FILED

2018 FEB -6 A 11:41
ST. JOSEPH FLORIDA
TALLAHASSEE

2018 FEB -6 A 11:45
SOCIETY OF
TALLAHASSEE, FLORIDA

FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 29, 2018


Signature of a member

Signature of a member or authorized representative of a member

1-31-68

AGNES STEVENS

Typed or printed name of signee