

L1400000607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APR 06 2015

R. WHITE

FILED
15 APR -3 PM 3:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2015

DAVID F GRAVES
4244 CENTRAL AVE
ST PETERSBURG, FL 33711

SUBJECT: MY CUSTOM MESSAGE LLC
Ref. Number: L14000060607

We have received your document for MY CUSTOM MESSAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00005952

15 APR -3 PM 4:31
DIVISION OF STATE
CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY CUSTOM MESSAGE 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:

DAVID F. GRAVES
Name of Person

MY CUSTOM MESSAGE LLC
Firm/Company

4244 CENTRAL AVE
Address

ST. PETERSBURG, FL 33711
City/State and Zip Code

david.f.graves@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID F. GRAVES at (727) 249-2060
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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

15 APR -3 PM 3:30

The Articles of Organization for this Limited Liability Company were filed on 4/14/14 and assigned
Florida document number L14000060607

This amendment is submitted to amend the following:

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

CUSTOM 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:

(Principal office address MUST BE A STREET ADDRESS)

4244 CENTRAL AVE
ST. PETERSBURG, FL
33711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4244 CENTRAL AVE
ST. PETERSBURG, FL
33711

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:

DAVID F. GRAVES

New Registered Office Address:

4244 CENTRAL AVE

Enter Florida street address

ST. PETERSBURG Florida 33711

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.

David F. Graves
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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

March 2, 2015

Signature of a member or authorized representative of a member

DAVID F. GRAVES

Typed or printed name of signee