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SECRETARY OF STATE

	Registration Se Division of Cor		**	\$*		
SUBJEC		Edwards's Massage Rejuvenation	on, PLLC			
SUBJEC	· I i	Name of Lin	nited Liability Company		,	
		Amendment and fee(s) are sub	•			
Please re	turn all correspo	endence concerning this matter	to the following:			
		Jessica L. Edwards				
			Name of Person		_	
		Jessica L. Edwards's Mass	age Rejuvenation, PLLC			
			Firm/Company		_ ZSE is	
		8235 SW 107th AVENUE	APARTMENT D		CRET	71
			Address		ASSE ASSE	F
		Miami, Florida 33173			mo	
		JLEdwardsLMT@cfrcenter	City/State and Zip Code		LLOSIDE LESTATE WHEN THE	
		E-mail address: (to be used for future annual re	port notification)		
For further	er information c	oncerning this matter, please c	all:			
Jessica L	. Edwards			9563		
	Name o	f Person	at () Area Code	Daytime Telephone Number	er	
Enclosed	is a check for th	ne following amount:				\
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	ate of Status &	
	MAIL	ING ADDRESS:	STREET/	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our records Liability Company)	(2)
The Articles of Organization for this Limited Liab	oility Company	were filed on August 25th, 2014	and assigned
Florida document number	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
Jessica L. Edwards's Massage Rejuvenation, PLLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC"	' or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	8235 SW 107th AVENUE	TS: 5
(Principal office address MUST BE A STREET		APARTMENT D	LLCR CR
		Miami, Florida 33173	1 R 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8235 SW 107th AVENUE	SEEF, FI
		APARTMENT D	0R.
		Miami, FLorida 33173	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	, enter the name of th
	8235 SW 107th AVE APT D		
		Enter Florida street address	
New Registered Office Address:			
New Registered Office Address:	Miami		331 7 3 orida

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

Page 1 of 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Jessica L. Edwards	Jessica L. Edwards	8235 SW 107th AVE APT D Miam	Add
			Remove
			■ Change
			Add
			Remove
			Change
			SE(
			SECRETARY OF STATE ALLAMASSEH, FLORDA
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Effective data if		N/A		
(If an effective date is I Note: If the date in	other than the date of filin isted, the date must be specific and serted in this block does not rove date on the Department of S	d cannot be prior to date o meet the applicable stat	f filing or more than 90 days autory filing requirements	optional) after filing.) Pursuant to 605.0207 s, this date will not be listed as
the record specif The 90th day	ies a delayed effective of after the record is filed.	date, but not an e	fective time, at 12:	01 a.m. on the earlier of
April 25th Dated		2016		
		mambar or authorized	proportotive of a marsh	
Jessica 1	Leah Edwards	member or authorized re	presentative of a member	
		Typed or printed name	of signee	

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