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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pampered Purple Panda  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:	
Carol S. Smith Name of Person	
Pampered Purple Panda	
3611 NE 28th Court Address	
Ocala, FL. 34479  City/State and Zip Code	
Magnetia massage and body work (a E-mail address: (to be used for future annual report notification)	gmail.com
For further information concerning this matter, please call:	7016 7016
Carol S. Smith  Name of Person  at (352), 864-7107  Area Code Daytime Telephone Number of Person	FILED SECRETARY OF ST
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified (	e of Status &

## 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

Pampered Purple Panda LLC	
Pampered Purple Panda LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
1 - 2 1 1	ssigned
This amendment is submitted to amend the following:	
A If amending name, enter the new name of the limited liability company here:	
Magnolia Massage And Bodywork LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "	L.C."
Enter new principal offices address, if applicable: (Same)	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address  Florida STORM  Flor	
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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this does being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liable company has been notified in writing of this change.	ith and cument 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 **Address Type of Action Title** Name 1 □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove hange Remov Change \_ Add ☐ Remove ☐ Change

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f an eff <b>Note:</b>	ive date, if other that fective date is listed, the date If the date inserted in ment's effective date on	ate must be specific an this block does not	nd cannot be prior to meet the applica		nore than 90 day		g.) Pursua	
	cord specifies a de 90th day after th			an effective	time, at 12:	01 a.m	on th	e earlier o
Dated	March	22	. 2016					
	Carol S	Smith Signature of a	umember or author	rized representative	of a member			
	0							

Page 3 of 3

Filing Fee: \$25.00