

L14000106305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

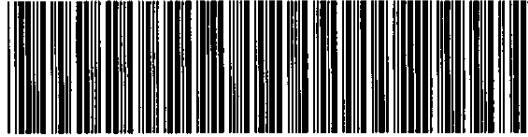
(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JAN -4 PM 1:02
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TALLAHASSEE, FLORIDA

FILED

12/21/15--01019--012 **30.00

K. SALLY
EXAMINER
JAN - 6



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN -4 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 22, 2015

TOTALLY AWESOME MASSAGE & WELLNESS, LLC
RAQUEL DULANEY
2510 SE 17TH ST.
OCALA, FL 34471

SUBJECT: TOTALLY AWESOME MASSAGE & WELLNESS, LLC
Ref. Number: L14000106305

We have received your document for TOTALLY AWESOME MASSAGE & WELLNESS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 915A00026812

*Thank you, ~~Kay~~ Karen.
The enclosed forms have been signed.
R. Dalry*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Totally Awesome Massage & Wellness 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:

Raquel Dulaney

Name of Person

Totally Awesome Massage & Wellness LLC

Firm/Company

2510 SE 17th St

Address

Ocala FL 34471

City/State and Zip Code

raquel@totallyawesomemassage.com

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

For further information concerning this matter, please call:

Raquel Dulaney at 352 789-6026
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Totally Awesome Massage & Wellness LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 3, 2014 and assigned
Florida document number L14000106305.

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)

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Russell Dulaney

New Registered Office Address:

2510 SE 17th St

Enter Florida street address

Ocala

City

, Florida 34471

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.


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>
MGR	Leslie TenEyck	2547 NE 46 Place	<input type="checkbox"/> Add
		Ocala, FL 34479	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Russell Dulaney	55726 Carl St	<input checked="" type="checkbox"/> Add
		Astor, FL 32102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2009 JAN 14 PM 1:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 18, 2015

Signature of a member or authorized representative of a member

Russell Dulaney

Typed or printed name of signee