

L14000154414

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001472073)))



H180001472073ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASSAGE COMFORT SPA LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
MAY 10 2018

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY

MAY 11 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
18 MAY 10 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MASSAGE COMFORT SPA, 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 OCTOBER 2ND, 2014 and assigned
Florida document number L14000154414.

This amendment is submitted to amend the following:

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

MUSCLE SPECIFIC REHAB, LLC

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	KAYWANA TAYLOR	1011 W HALLANDALE BEACH	<input checked="" type="checkbox"/> Add
		BLVD. #108	<input type="checkbox"/> Remove
		HALLANDALE, FL 33009	<input type="checkbox"/> Change
MGR	ALEXI MARTINEZ	1540 NE 191 STREET #204	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" 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

FILED
MAY 10 AM 10:16
18

