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COVER LETTER

TO: Registration Secti Division of Corpo		•	
SUBJECT: SIMP	LY MASSAGE Name of Limit	LLC ted Liability Company	
	nendment and fee(s) are subt		
Please feturn all correspond	_	Name of Person	<u> </u>
	ERIN COPELA	WASSAGE LL Firm/Company	<u> </u>
	6278 N. FED	SELAL HWY #38	7
		City/State and Zip Code	
For further information cor	E-mail address: (i	n 1 P e amail. Cov to be used for future annual report not all:	itication)
		at (<u>954)</u> <u>380</u> Area Code Daytin	ne 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)
Mailina Address		Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMPLY MASSAC	TE LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIY000\555 7</u> .	were filed on <u>UC+ol</u>	per 6, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
ERIN COPELAN MASSAGE, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A Address W	nchanged
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
	Address ux	nchanged
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent: NA	Registered	agent uncharged
New Registered Office Address:	6 6 4	
	Enter Florida street	
	City	, Florida

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 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>	Address	Type of Action
		11.	🗀 Add
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fan effective dat <u>Note:</u> If the da	te is listed, the dat ate inserted in th	e must be specificies block does r	iling: c and cannot be prio not meet the applic of State's records	cable statutory fil	(o) more than 90 days a ing requirements,	ptional) ifter filing.) Pursuant to 605 this date will not be list	5.0207 ted as
record specifi d is filed.	es a delayed eff	ective date, but	not an effective t	ime, at 12:01 a.m	on the earlier of	: (b) The 90th day afte	r the
Pated $\Delta \alpha$	nuary	g Cone	202 Low of a member or auth Typed or print	3.			