

2  
L14000174754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
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NOV 30 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ist Choice Massage Studio 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:

Cheryl Cohen  
Name of Person  
Ist Choice Massage Studio LLC  
Firm/Company  
3690 S.W. Rivera Street  
Address  
Port St. Lucie, Fl. 34953  
City/State and Zip Code  
Istchoicemassagepsl@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Russ Cohen at ( 772 ) 486-5637  
Name of Person Area Code Daytime 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)

**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**

1st Choice Massage Studio 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 November 10, 2014 and assigned Florida document number L14000174754.

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)**

252 Ocean Bay Drive

Jensen Beach

Fl. 34957

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

252 Ocean Bay Drive

Jensen Beach

Fl. 34957

**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:

Sharon Walsh

New Registered Office Address:

252 Ocean Bay Drive

*Enter Florida street address*

Jensen Beach

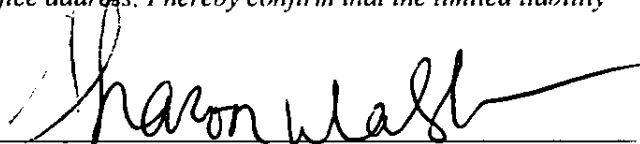
*City*

Florida 34957

*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/AMBR	Sharon Walsh	252 Ocean Bay Dr	<input checked="" type="checkbox"/> Add
		JENSEN BEACH FL	<input type="checkbox"/> Remove
		34957	<input type="checkbox"/> Change
MGR/AMBR	Cheryl Cohen	3690 S.W. RIVERA ST	<input type="checkbox"/> Add
		Port St. Lucie, FL	<input checked="" type="checkbox"/> Remove
		34953	<input type="checkbox"/> Change
AMBR	Joseph Mark Marest Rust	117 SW Sebring Cir	<input type="checkbox"/> Add
		Port St. Lucie FL	<input checked="" type="checkbox"/> Remove
		34953	<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

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

I Sharon Walsh am taking over  
1<sup>ST</sup> Choice Massage Studio LLC and  
assuming all financial liabilities

NOV-13-15 Sharon Walsh *[Signature]*

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E. Effective date, if other than the date of filing: NOVEMBER 30, 2015 (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 NOVEMBER 13, 2015

*[Signature]*  
Signature of a member or authorized representative of a member

CHERYL COHEN  
Typed or authorized name of signer