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(Address)
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(Document Number)
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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Casanova Massage 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:
William H Haward Name of Person
Mint Massage Firm/Company
PO Box 5264 Address
Ft. Landerdale FL 33310
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William H Haward at (954) 326 3075 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$
Already Pcl. (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



June 3, 2016

WILLIAM HOWARD PO BOX 5264 FT LAUD, FL 33310

SUBJECT: CASANOVA MASSAGE LLC

Ref. Number: L15000025548

We have received your document for CASANOVA MASSAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

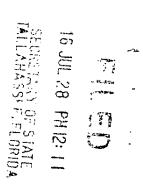
Page 2 is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00011742



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	issage LLC
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records. iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{2/10/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company, "the designation "L.L.C."
Enter new principal offices address, if applicable:	2413 NE 11th Ave.
(Principal office address MUST BE A STREET ADDRESS)	Wilton Manars FL 33305
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 5264 Ft Land FL. 33310
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	ian Hathaway Howard
New Registered Office Address: 1260	NE 24 Th St. # 1104 Enter Florida street address
wilton	Mand 15 Florida 33305 City 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

Page 1 of 3

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
Mr. Owner	William Howard	PO Box 5264 Ft. Landerdale FL 33	Add Remove
			Change
			Add
		<u></u>	□ Remove
	•		□ Change
			Add
			Remove
			Change
			□ Add
			Change
		A C	n ⊖ C C □ Remove ?
		ASSE, FLOSIDA	NA O
			5 0.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_	Jame Change One to Divorce	
	From William Howard Casanova	
, –	TO William Hathaway Howard	
-	10 sections in the section	
_		
_	Change business name	
_	From Casanava Massage LLC	
	From Casanava Massage LLC To Metropolitan Massage LLC	
-	J	
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m eff <u>ote:</u>	re date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r o
ted	5/23/16	
	Signature of a member or authorized representative of a member	
	William Hathaway Howard	Fig.
	Typed or printed name of signee	
	Typed or printed name of signee	T.

Filing Fee: \$25.00