

L15000025548

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JUL 28 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2016
J. HARRIS

COVER LETTER

TO: 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 Howard
Name of Person

Mint Massage
Firm/Company

PO Box 5264
Address

Ft. Lauderdale FL 33310
City/State and Zip Code

Wil.Howard@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William H Howard at (954) 326 3075
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)

Already Pcl.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL 28 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

16 JUL 28 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Casanova Massage 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 2/10/2015 and assigned Florida document number 215000025548

This amendment is submitted to amend the following:

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

Metropolitan Massage 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)

2413 NE 11th Ave.

Wilton Manors 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 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:

William Hathaway Howard

New Registered Office Address:

1260 NE 24th St. #1104

Enter Florida street address

Wilton Manors

City

Florida

33305

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

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TALLAHASSEE, FLORIDA

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>
Mr.	William Howard	PO Box 5264	<input checked="" type="checkbox"/> Add
owner		Ft. Lauderdale FL 33310	<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
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			<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.)

Name Change Due to Divorce
From William Howard Casanova
TO William Hathaway Howard

Change business name
From Casanova Massage LLC
To Metropolitan Massage LLC

E. Effective date, if other than the date of filing: 5/23/16 (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 5/23/16, _____



Signature of a member or authorized representative of a member

William Hathaway Howard
Typed or printed name of signee

owner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 JUL 28 PM 12:11

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