

L15000033883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

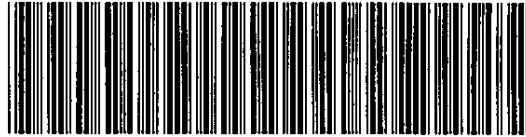
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/15--01019--003 **25.00

FILED
2015 APR -9 PM 12:08
TOLSON

N. Culligan APR 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZEN-ZATIONAL THERAPEUTIC 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:

AISXIA BATISTE

Name of Person

Firm/Company

2212 S CHICKASAW TRAIL SUITE #165

Address

ORLANDO, FLORIDA 32825

City/State and Zip Code

AISXIABATISTE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AISXIA BATISTE

407 758-2851

Name of Person

at ()

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

FILED

2015 APR -9 PM 12:09

CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ZEN-ZATIONAL THERAPEUTIC 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 02/24/2015 and assigned
Florida document number L15000033883.

This amendment is submitted to amend the following:

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

TAILORED TOUCH LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2212 S CHICKASAW TRAIL

(Principal office address **MUST BE A STREET ADDRESS**)

SUITE 165

ORLANDO, FLORIDA 32825

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:

AISXIA BATISTE

New Registered Office Address:

2212 S CHICKASAW TRAIL SUITE 165

Enter Florida street address

ORLANDO

City

Florida 32825

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

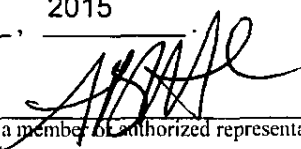
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AISXIA BATISTE	2212 S CHICKASAW TRL SUITE 165	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32825	<input type="checkbox"/> Remove
MGR	JACQUELINE MARTIN-RO	2212 S CHICKASAW TRL SUITE 165	<input type="checkbox"/> Add
		ORLANDO FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 7TH, 2015



Signature of a member or authorized representative of a member

AISXIA BATISTE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 APR -9 PM 12:09
CLERK OF COURT
JANUARY 1, 2000