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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bullseye 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:

Michele M. Foulkrod

Name of Person

Bullseye Massage, LLC

Firm/Company

2015 Marquesas Lane

Address

Pensacola, FL 32506

City/State and Zip Code

bullseyemassage@yahoo.com

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

For further information concerning this matter, please call:

Michele Foulkrod

407 970-4878
at ()

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**

Bullseye 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 06/10/2015 and assigned
Florida document number 700273802717 L1900002210

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)

17 Palafox Place

Suite 361

Pensacola, FL 32506

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17 Palafox Place

Suite 361

Pensacola, FL 32506

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:

New Registered Office Address:

17 Palafox Place, Suite 361

Enter Florida street address

Pensacola

City

Florida 32506

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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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>
AMBR	Michele M. Foulkrod		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		17 Palafox Pl., #361, Pensacola, FL	<input checked="" type="checkbox"/> Change
MGR	Michele M. Foulkrod		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		17 Palafox Pl., #361, Pensacola, FL	<input checked="" type="checkbox"/> Change
MGR	Matthew W. Foulkrod		<input type="checkbox"/> Add
		2015 Marquesas Ln., Pensacola, FL	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

To summarize, if it helps: Michele M. Foulkrod remains the Registered Agent, AMBR, and MBR; her new address changed from 2015 Marquesas Ln., Pensacola, FL 32506 to the new address of 17 Palafox Pl., #361, Pensacola, FL 32506; Matthew W. Foulkrod is to be completely removed from the list of authorized persons; and the principal address for Bullseye Massage, LLC is changed to 17 Palafox Pl., #361, Pensacola, FL 32502.

E. Effective date, if other than the date of filing: 11/23/2015 **(optional)**

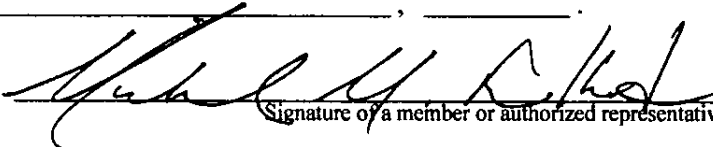
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 23, 2015.



Signature of a member or authorized representative of a member

Michele M. Foulkrod

Typed or printed name of signee

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TALLAHASSEE, FLORIDA