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(Re	questor's Name)	
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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJE		E MASSAGE, LLC		
SUBJE	J1	Name of Limit	ed Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter to	o the following:	
		CRISTA L. CAVE-GOME	R	
			Name of Person	- MEN -
		APPLAUSE MASSAGE, L	LC	است. من است
			Firm/Company	
		14260 MIDDLEHAM LAN	NE	
			Address	
		JACKSONVILLE,FL 3222	3	
			City/State and Zip Code	- 12 - 12
		applausemassage@att.net		
		E-mail address: (to	o be used for future annual report notifi	cation)
For furt	ner information c	oncerning this matter, please ca	H:	
CRIST	A L. CAVE-GON	MER	240 362-4655	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)
		ING ADDRESS: ration Section	STREET/COURING Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPLAUSE MASSAGE, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on APRIL 4,2016	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		_ 조염 중
Enter new mailing address, if applicable:		JEH 17 JEH 17 LANASSES
Mailing address MAY BE A POST OFFICE BOX)		
		第2 第2 2 3
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of th
ogniter and and the new registered office address in	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

	ne	Address	Type of Action
IBR CR	ISTA L. CAVE-GOMER	14260 MIDDLEHAM LANE	■ Add
		JACKSONVILLE, FL32223	☐ Remove
gr RO	LAND D. GOMER JR.	14260 MIDDLEHAM LANE	Change
		JACKSONVILLE, FL. 32223	Add
			Remove
			■ Change
			Add
			□ Remove
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			夏 2
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			Remove
			Par 22
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